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CITY OF LIVERPOOL.



EDUCATION COMMITTEE.

REPORT

ON THE WORK OF THE

SCHOOL HEALTH SERVICE

FOR THE YEAR

1948

BY

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INDEX.

	PAGE
Adenoids	29
Aural Clinics	27
Blind Pupils	54
Child Guidance	43
Children and Young Persons Act, 1933	50
Child Welfare Association	36
Cleansing of Pupils	39
Clothing and Footgear	42
Deaf Pupils	55
Defective Vision	22
Defective Vision—Special Classes	54
Delicate Pupils	56
Dental Work	30-64
Ear Diseases	27
Educationally Subnormal Pupils	59
Employment of Pupils	50-65
Epileptics	56
Footgear and Clothing	42
Handicapped Pupils... ..	54-64
Heights	14
Infectious Diseases	48
Inoculations	48
Meals, Provision of	20
Milk Scheme	22
Minor Ailments	39
National Health Service	9-31
Nursery Schools and Classes	51
Nutrition	13
Orthopædic Scheme	36

INDEX.

PAGE

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APPENDIX :—

Statistical Tables for Ministry of Education.

Numbers Inspected, etc.	...	...	...	...	...	...	...	69
Return of defects found	...	...	...	...	...	...	...	70
Nutrition, Classification	...	...	...	...	...	...	...	71
Treatment of Defects	...	...	...	...	...	...	...	71
Staff	...	...	...	...	...	...	...	74

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Chief Assistant School Medical Officer.

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Senior Assistant School Medical Officer.

G. S. ROBERTSON, M.D., L.R.C.P., L.R.C.S., L.R.F.P. & S.

Whole-time Assistant School Medical Officers.

MURIEL C. ANDREWS, M.B., Ch.B., D.C.H.	A. R. KENNEDY, M.B., Ch.B., M.R.C.S., L.R.C.P.
A. M. BROWN, M.B., Ch.B., D.P.H.	MARY F. LACEY, M.B., Ch.B.
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M. GODWIN, M.B., Ch.B.	MARY PILLING, M.R.C.S., L.R.C.P. (<i>Resigned 16/10/48</i>).
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W. M. HUNTER, M.B., Ch.B. (<i>From 6/1/48</i>).	IRENE W. SIMPSON, M.B., Ch.B., D.P.H. (<i>From 9/2/48</i>).
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Part-time Assistant School Medical Officer.

ELIZABETH P. DUNCAN, M.B., Ch.B.

Senior School Dental Officer.

T. H. PARSONS, L.D.S., R.C.S.(Eng.).

Whole-time Assistant School Dental Officers.

È. F. BARLOW, L.D.S., R.C.S.(Eng.) <i>(From 1/3/48 to 30/6/48).</i> PAMELA D. BEDLOW, B.D.S. <i>(From 8/11/48).</i> A. BREWER, L.D.S. L. BROMLEY, T.D., L.D.S. J. E. BROWN, B.D.S. <i>(From 1/1/48 to 31/12/48).</i> KATHLEEN F. BUTLER, L.D.S. <i>(From 8/11/48).</i> E. CROSBIE, L.D.S. <i>(Resigned 30/9/48).</i> A. P. FINLAY, L.D.S., R.F.P.S.	L. A. JONES, L.D.S. <i>(Resigned 30/9/48.)</i> F. C. LITTLETON, L.D.S. J. W. MARTIN, L.D.S. G. E. NEVINS, L.D.S. *CATHERINE C. SLOAN, B.D.S. J. TYSON, L.D.S. <i>(Resigned 30/6/48).</i> L. C. WINSTANLEY, L.D.S. <i>(Resigned 30/9/48).</i> J. A. WOOD, L.D.S. *W. F. WREN, B.D.S.
--	--

* Temporary Officers.

Part-time Assistant School Dental Officers.

J. A. BELL, L.D.S.
J. P. BLACOE, L.D.S.
H. W. MARTIN, L.D.S. *(Resigned 17/12/48).*

Speech Therapist.

DOROTHY GLEDSDALE, L.C.S.T.

Part-time Specialist Officers.

Oculists.

ERNEST ALLAN, M.B., Ch.B., D.O.M.S. (Also Visiting Oculist for Classes for Partially-sighted Children).
DOROTHY A. BARTON, M.B., Ch.B., D.O.M.S. *(Resigned 31/12/48).*
DAVID BLACK, M.B., Ch.B., B.A.O., D.O.M.S. (Also Visiting Oculist for Partially-sighted Children).
JOHN MEYNELL, L.M.S.S.A., M.B., Ch.B.
DAVID RANKINE, M.B., Ch.B. (Also Oculist for Crown Street School for the Deaf).

Orthopaedic Surgeons.

F. C. DWYER, M.B., F.R.C.S., M.Ch.(Orth.).
J. P. HERON, M.B., Ch.B., F.R.C.S., M.Ch.(Orth.).
R ROAF, M.A., M.R.C.S., L.R.C.P., B.M., B.Ch., F.R.C.S.E., F.R.C.S., M.Ch.(Orth.).

Surgeon i/c of Aural Scheme and Aurist for Crown Street School for the Deaf.

COURTENAY YORKE, M.D., F.R.C.S.

Approved Officers for Educationally Sub-normal Children.

WILHELMINA L. DEVLIN, M.B., Ch.B., D.P.H., D.P.M.

F. HOPKINS, M.D., B.Ch., B.A.O.

School Nurses, Etc.

Superintendent: Miss M. SNODDON.

Supervisor: Miss B. M. SPELLER.

Temporary Supervisor: Miss W. K. POOLE.

Also:—45 Permanent nurses.

17 Temporary nurses.

3 Auxiliary nurses.

2 Orthopædic nurses.

14 Clinic Helpers (including 11 part-time).

8 Dental Attendants.

Clerical.

Senior Administrative Assistant: Mr. C. CRESSWELL.

Also:—50 Clerks.

CITY OF LIVERPOOL.

EDUCATION COMMITTEE.

REPORT of the MEDICAL OFFICER to the Education Authority for the Year ended 31st December, 1948.

Introduction.

The Medical Officer submits herewith his Report on the work of the School Health Service during the year 1948.

1. The outstanding feature during the year was the coming into force, on July 5th, of the National Health Service Act which naturally caused certain financial alterations and administrative modifications in the School Health Service.

2. School medical inspections and the ascertainment of handicapped pupils under Section 57 of the Education Act, 1944, and the provision of certain forms of medical treatment have not been affected by the Health Service Act.

3. The Authority normally discharges its functions under Section 48 (3) of the Education Act, 1944, providing free medical inspection and treatment for school pupils through certain of its own schemes supplemented by the facilities provided by the National Health Service.

Prior to the 5th July, 1948, the Authority had entered into financial agreements with certain voluntary hospitals and the Child Welfare Association, and these arrangements, together with the facilities of the City Hospitals, provided a comprehensive scheme.

When the National Health Service Act came into force, however, almost all these financial arrangements came to an end and the Education Authority was thereby relieved of the cost of medical treatment in hospitals.

4. With regard to convalescent treatment for school pupils, however, the Authority agreed to continue their arrangements with the Liverpool Child Welfare Association, pending any arrangements nationally decided on this matter, as the Regional Hospitals Board would not accept financial responsibility for cases in ordinary convalescent homes, i.e., recuperation homes, unless such children were transferred direct from hospital to convalescent homes in order to recuperate.

Under these arrangements, over 900 pupils received convalescent treatment during 1948 through the agency of the Association.

5. In August, 1948, the Ministry of Education issued Circular 179 dealing with "The School Health Service and Handicapped Pupils and the Effect of the National Health Service." The following is a brief summary of the present effects of the National Health Service upon the School Health Service.

(1) SCHOOL MEDICAL INSPECTION, ASCERTAINMENT OF HANDICAPPED PUPILS AND REPORTS UNDER SECTION 57 OF THE EDUCATION ACT, 1944.

These duties still remain the responsibility of the Local Education Authority.

(2) MINOR AILMENTS AND DENTAL INSPECTION AND TREATMENT.

Remain the responsibility of the Local Education Authority.

(3) ORTHOPAEDIC CLINICS.

These continue to be administered and financed by the Education Authority as part of their School Health Service, and are not to be regarded as the responsibility of the hospital and specialist services. Cases requiring treatment ordinarily carried out in hospitals are referred to hospitals and Out-patients' Departments for this purpose, and no charge is made to the Education Authority.

(4) ARTIFICIAL LIMBS, APPLIANCES, AND INSULIN.

No charge is now made to the Local Education Authority for the provision of artificial limbs and other appliances supplied by the Hospital and Specialist Services.

(5) AURAL CLINICS.

These continue to remain the responsibility of the Local Education Authority.

(6) OPHTHALMIC WORK.

The Local Education Authority continues to provide its Ophthalmic Services in co-operation with the Supplementary Ophthalmic Scheme of the Local Executive Council, pending the establishment by the Regional Hospitals Board of a comprehensive permanent Ophthalmic Service. In accordance with Administrative Memorandum No. 303 issued in October, 1948, the local education authority made interim financial arrangements retrospective to the 26th July, 1948, whereby a fee per case would for the time being be payable by the local Executive Council to the Local Education Authority, pending the transfer of this work to the Regional Hospitals Board.

(7) PROVISION OF SERVICES OF WHOLE-TIME SPECIALISTS.

In approved cases, and when circumstances permit, a proportion of the services of certain whole-time specialists will be made available by the Regional Hospitals Board to the Education Authority without charge.

(8) HOSPITAL TREATMENT.

Where, prior to the Appointed Day, arrangements were in force for the admission of school children to hospital or for specialist out-patient attention, these arrangements continue but now the financial responsibility becomes that of the Regional Hospitals Board.

(9) SPEECH THERAPY.

Since speech therapy for school children is carried on in the closest association with the work of the schools it remains the responsibility of the Local Education Authority.

(10) CHILD GUIDANCE CENTRES.

The Local Education Authority will maintain their Child Guidance Centre whilst the Regional Hospitals Board will establish and maintain Psychiatric Clinics for which whole-time Psychiatrists will in due course be appointed. As and when practicable the Regional Hospital Board will make available the part-time services

of these Psychiatrists for work at the Education Authority's Child Guidance Centre.

6. The Medical Officer expresses his appreciation and thanks to the Regional Hospital Board, and the Medical Superintendents of their hospitals, and also the Local Executive Council, for the willing way in which they have co-operated with the School Health Service.

7. The effects of the introduction of the National Health Service upon the Committee's Ophthalmic and Dental Schemes are referred to more fully on pages 22 and 31.

8. There were a number of changes in the personnel of the Service. Those relating to the medical and dental officers are shewn in the list of staff given on pages 5 and 6. There were also a considerable number of changes in the nursing staff.

Mr. J. Tyson retired after 34 years as a school dental officer. Mr. Tyson was exceptionally gifted in the art of handling children, and his skill, patience and geniality materially contributed to popularising clinic treatment.

Mr. F. J. Geldart, the Senior Administrative Assistant, who had spent 40 years in the School Health Department, also retired during the course of the year. He was the first clerk to be appointed to the School Medical Service in 1908 and since that time he has taken an active part in the development of the Service. His knowledge and experience have been invaluable in the organisation and development of the School Health Department over so many years, and the Medical Officer would like to place on record his appreciation of Mr. Geldart's meritorious service.

9. For the past 23 years the Authority have maintained a number of beds at the Torpenhow Residential Open-Air School which belonged to the Liverpool Hospital for Consumption and Diseases of the Chest.

During the year this School was transferred to the Cheshire Education Authority who unfortunately were no longer able to offer beds for Liverpool children, and the Committee have not yet been able to find any other suitable accommodation. Children suffering from chest conditions, especially cases of Asthma, benefited very materially at Torpenhow. It is to be hoped, therefore, that suitable premises can be found in the

Frankby area for the establishment of a new school for the benefit of Liverpool children.

10. The Authority has made suitable boarding school accommodation for all grades of handicapped pupils with the exception of that for "Epileptic Pupils." Although many premises have been inspected it has not yet been possible to find one which would be suitable for the purpose; this is unfortunate since the need for such a school is very pressing.

11. A difficult problem which has been present for a number of years is the correct placing of certain of the delinquent educationally sub-normal pupils. Many such cases are mostly due to limited mental capacity and they soon adjust their behaviour in the environment of a residential special school.

On the other hand the major problem with a minority of these cases is the delinquency, and such children are most unsuited for placing in a residential school for the educationally sub-normal and are much more suited for education by approved school methods. The Education Authority, on the one hand, object to admitting such disturbing characters to their schools, whilst on the other hand the approved schools object to admitting children who though delinquents have some degree of educational sub-normality. It would appear that there is need for approved schools which would specially cater for the needs of such children.

12. The Medical Officer is indebted to the Director of Education for information supplied with regard to certain sections of this Report, relating in particular to the work in connection with the Special Schools, Nursery Schools and the School Meals Service.

NUTRITION.

13. In former years at the annual periodic inspections a classification was made of the "nutrition" of the children under the headings of "Excellent," "Normal," "Slightly sub-normal" and "Bad."

The Ministry of Education now require that instead of grading children according to their nutrition they should be graded according to their "General Condition" under the categories of "Good," "Fair" and "Poor."

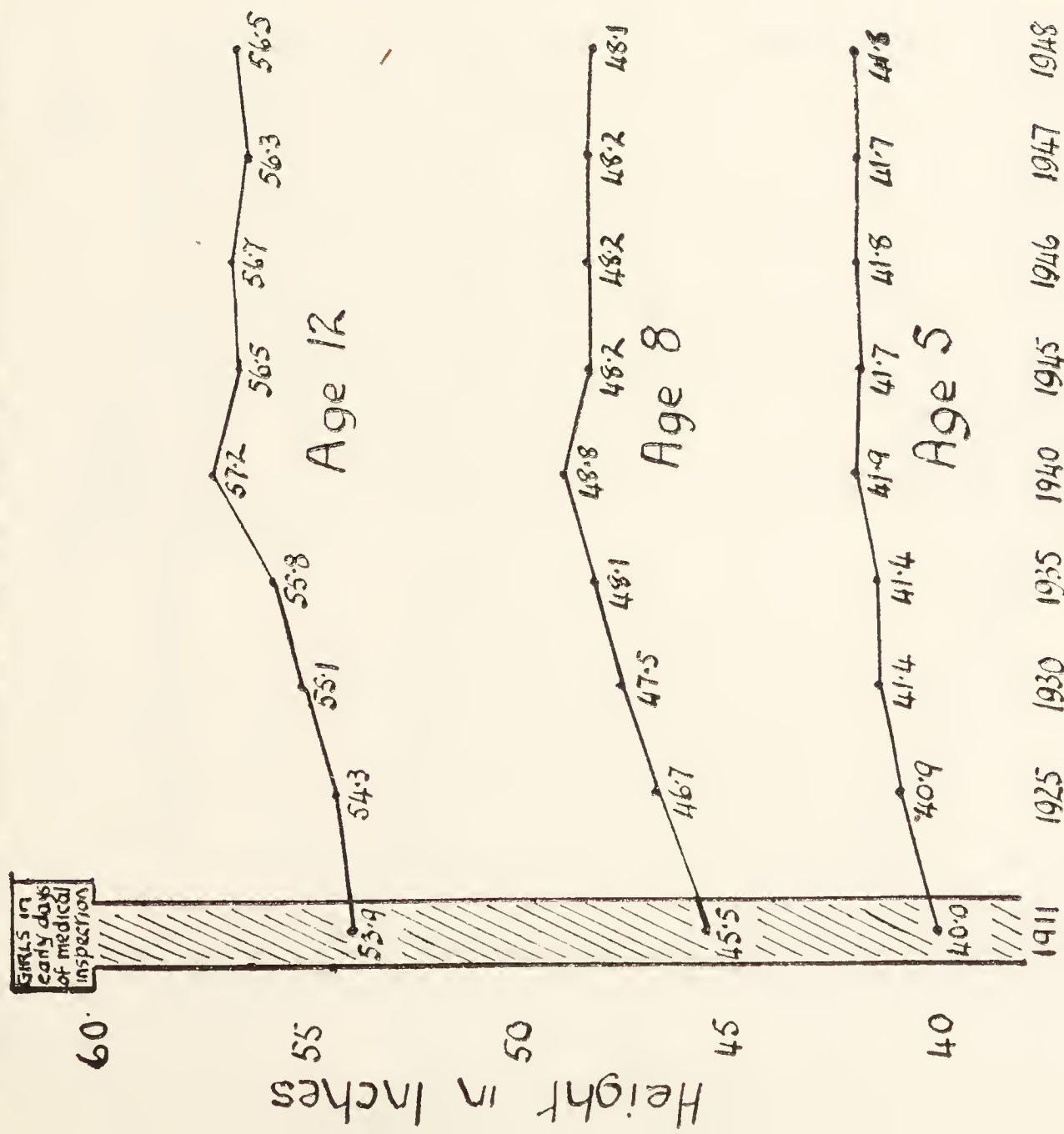
14. The findings of the “General Condition” of the pupils examined at the periodic inspections were as follows:—

TABLE I
Classification of the General Condition of Pupils Inspected during the Year in the Age Groups.

Age Groups. (1)	Number of Pupils In- spected. (2)	A. (Good).		B. (Fair).		C. (Poor).	
		No. (3)	% of col. 2 (4)	No. (5)	% of col. 2 (6)	No. (7)	% of col. 2 (8)
Entrants	11,439	4,967	43·42	6,026	52·68	446	3·90
Second Age Group...	9,869	3,596	36·44	5,716	57·92	557	5·64
Third Age Group	10,448	3,542	33·90	6,299	60·29	607	5·81
Other Periodic Inspections	12,488	4,578	36·66	7,479	59·89	431	3·45
TOTAL ...	44,244	16,683	37·71	25,520	57·68	2,041	4·61

15. Whilst the percentage findings for the year 1948 differ very materially from those given for the year 1947, no assumptions can be made of any improvement or deterioration by comparing the findings for the two years. The discrepancy in findings for these two years is attributable to the fact that when the new method of classification was introduced considerable misunderstanding arose in the minds of the school medical officers throughout the country regarding the lines to be followed in placing the “General Condition” of the children examined into the prescribed categories. Owing to this general misunderstanding the Ministry in March, 1948, issued to School Medical Officers a circular letter for the purpose of clarifying the position and thus obtain more uniformity in classification. The returns for 1948 have accordingly for this year been made by the school medical officers on the lines laid down in the Ministry’s recommendations. Though the guidance given in the circular letter of the Ministry should lead to much more uniformity of classification of the “General Condition” of the children, the fact, nevertheless still remains that no reliable, yet practicable, method of assessing children’s “nutrition” or “General Condition” has yet been devised. For this reason the Medical Officer has for a number of years placed more reliance upon the study from year to year and over a series of years of the average heights and weights of children aged 5, 8 and 12 in selected schools, and these findings are shewn in the accompanying diagrams:—

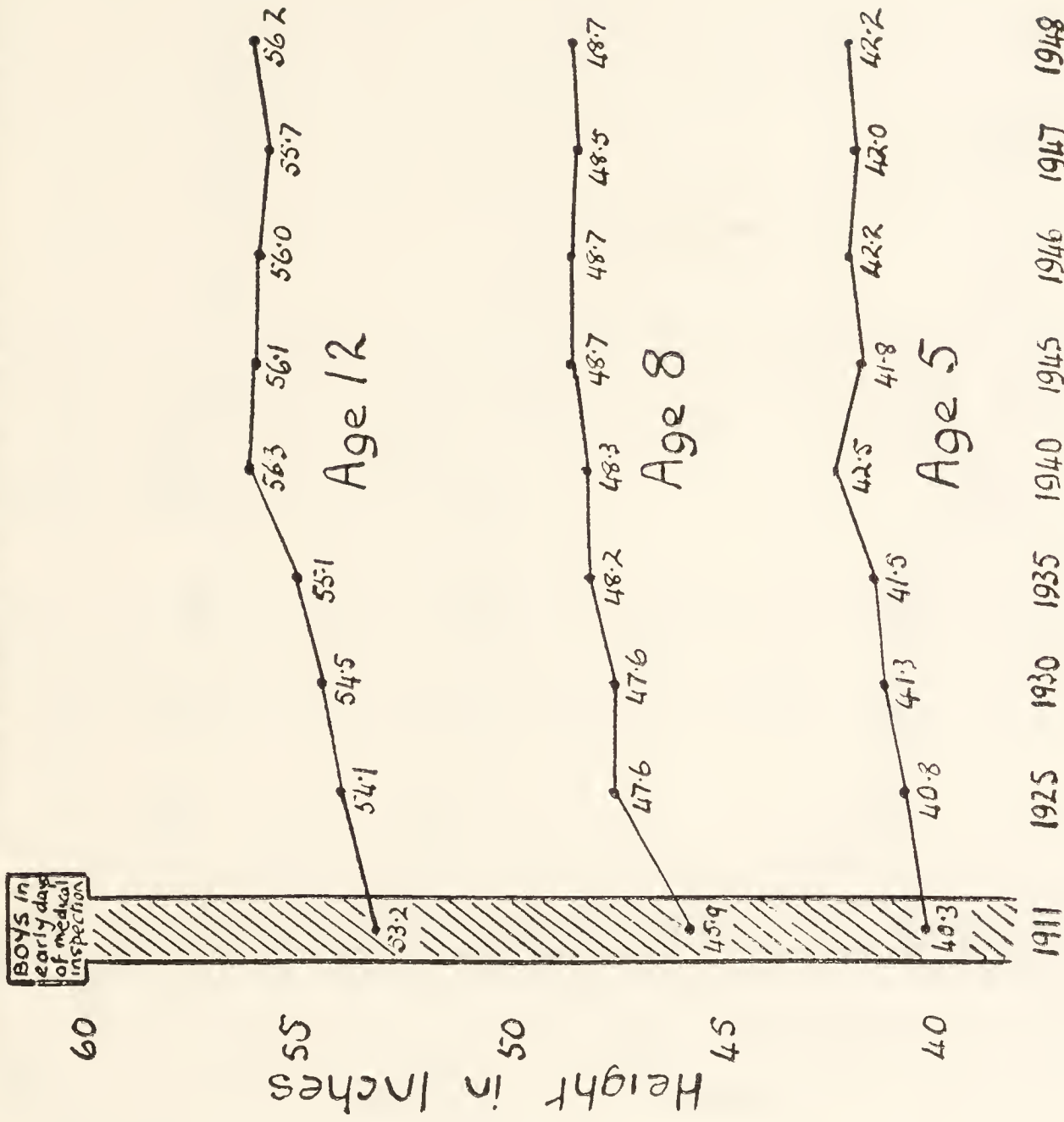
Comparative Average HEIGHTS of GIRLS, Ages 5, 8 and 12.



Year

FIGURE 2.

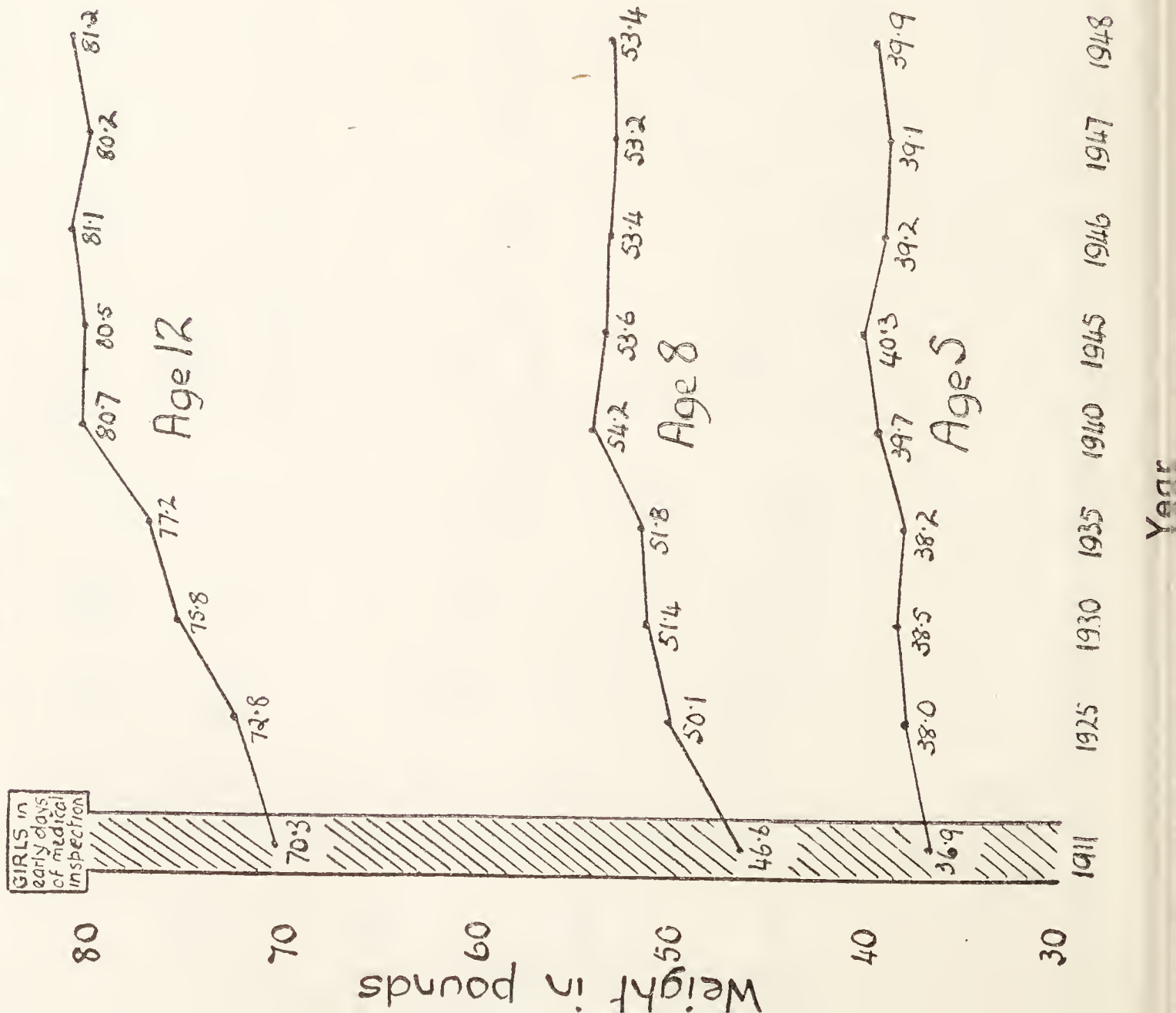
Comparative Average HEIGHTS of BOYS Ages 5, 8 and 12.



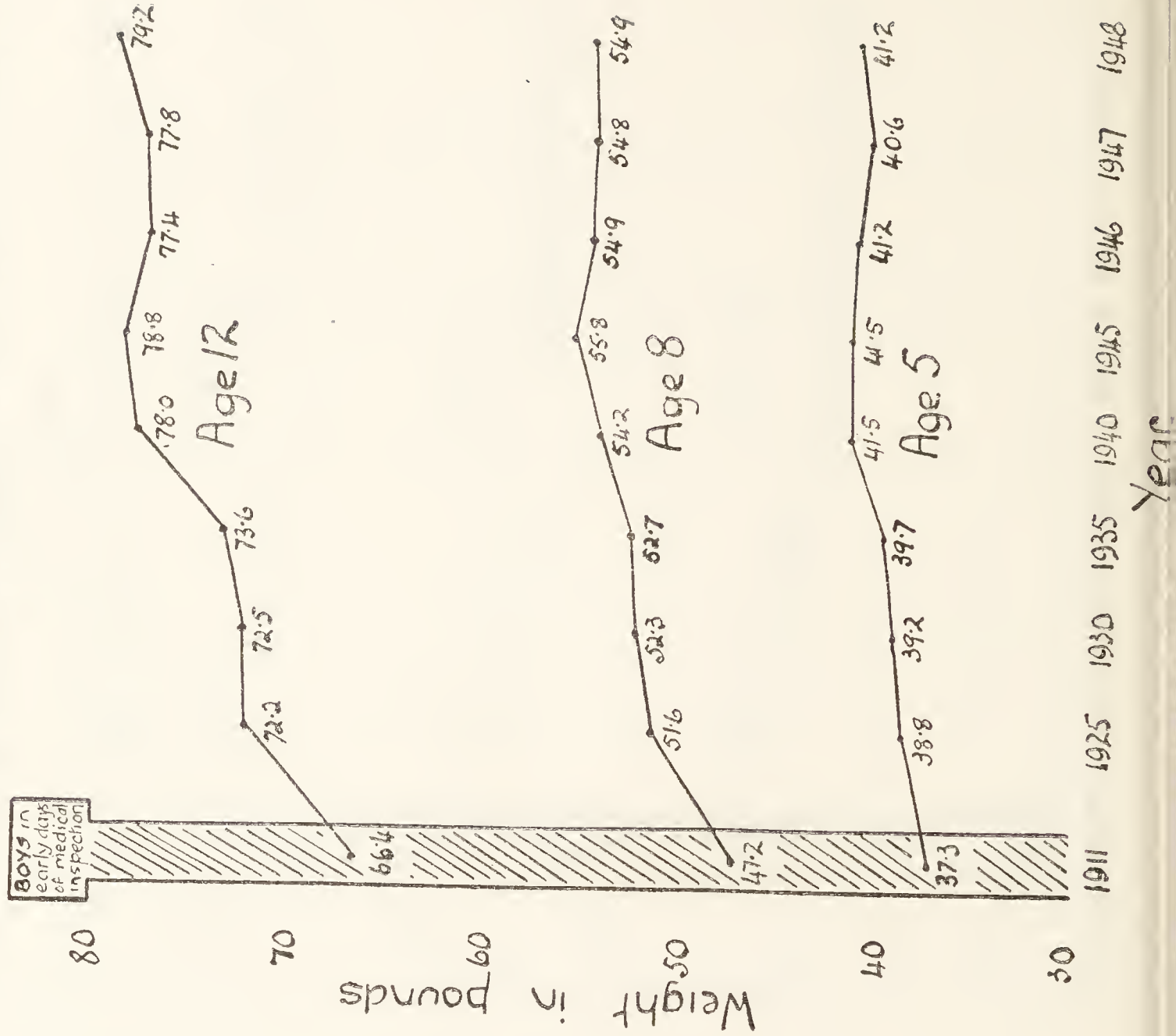
Year

FIGURE 1.

Comparative Average WEIGHTS of GIRLS, Ages 5, 8 and 12.



Comparative Average WEIGHTS of BOYS, Ages 5, 8 and 12.



From a study of these average heights and weights it would appear that there has been but little change in the average heights of school children during recent years.

16. At the request of the Ministry of Health, the Medical Officer has also prepared data of average heights and weights on the following lines:—

(1) A base line for each group has been obtained by averaging their data for the years 1925/26/27.

(2) The pre-war figures are shewn by averaging the data for the years 1937/38/39.

(3) The present figures are shewn by averaging the data for the years 1946/47/48.

The above data is shewn in the diagrams in figures 5, 6, 7 and 8, from which it would appear that the average weights of both boys and girls in attendance at schools in "fair" and "poor" districts do shew a definite improvement for the years 1946-48 as compared with the average for the years 1937-39.

Comparative Average HEIGHTS of BOYS in Three 3-Year Periods, Ages 5, 8 and 12.

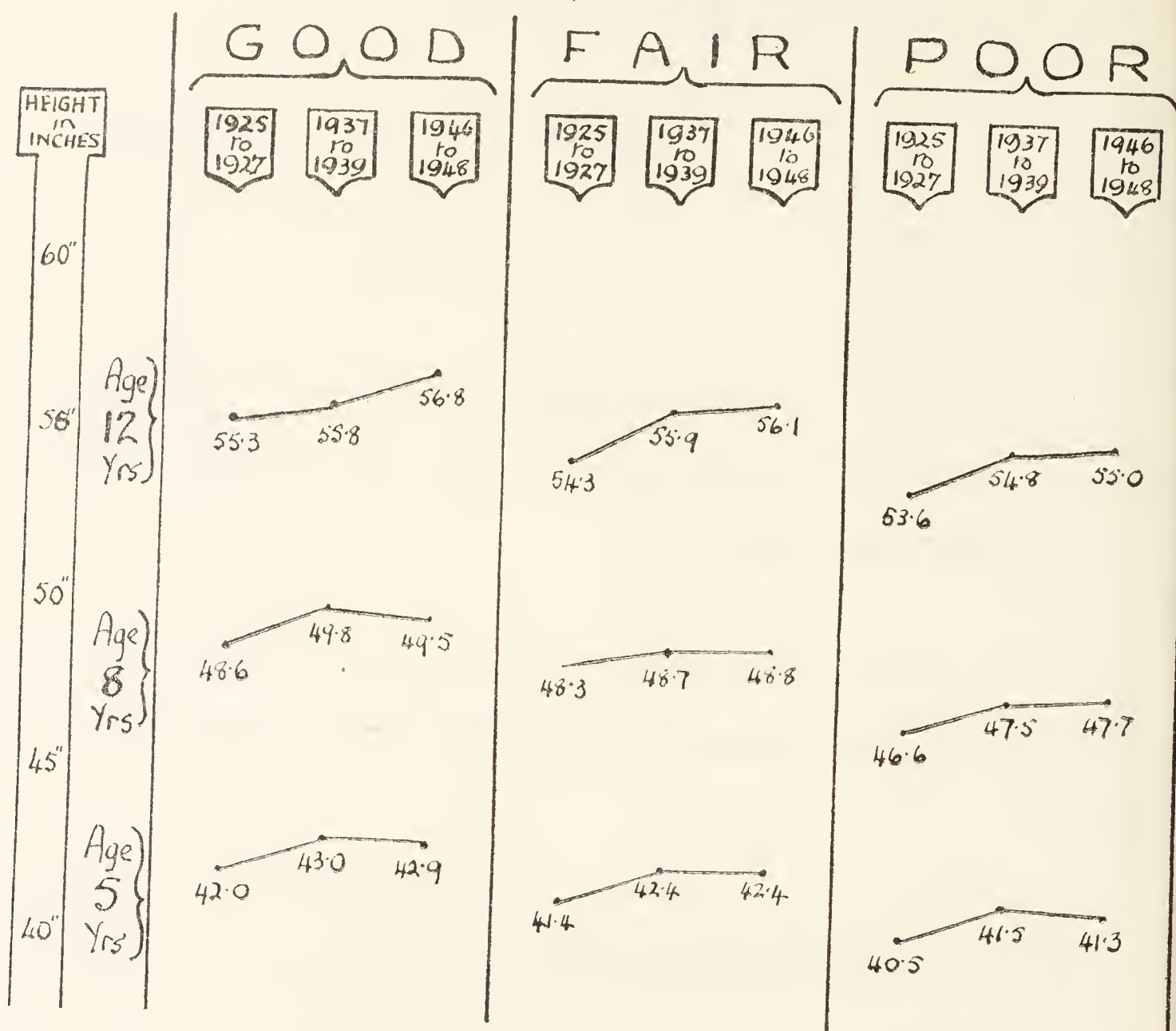


FIGURE 5.

Comparative Average HEIGHTS of GIRLS in Three 3-Year Periods, Ages 5, 8 and 12.

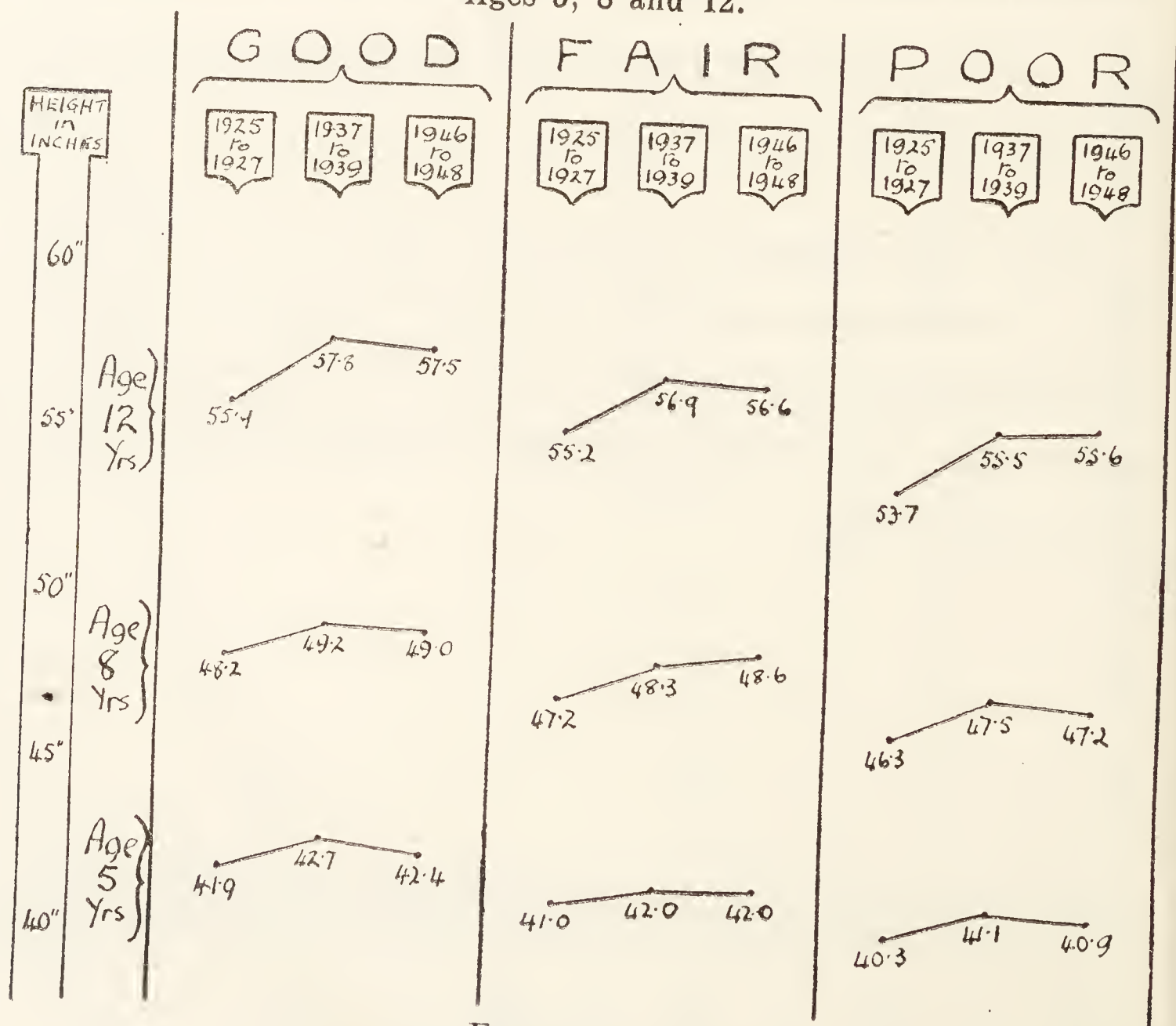


FIGURE 6.

Comparative Average WEIGHTS of BOYS in Three 3-Year Periods, Ages 5, 8 and 12.

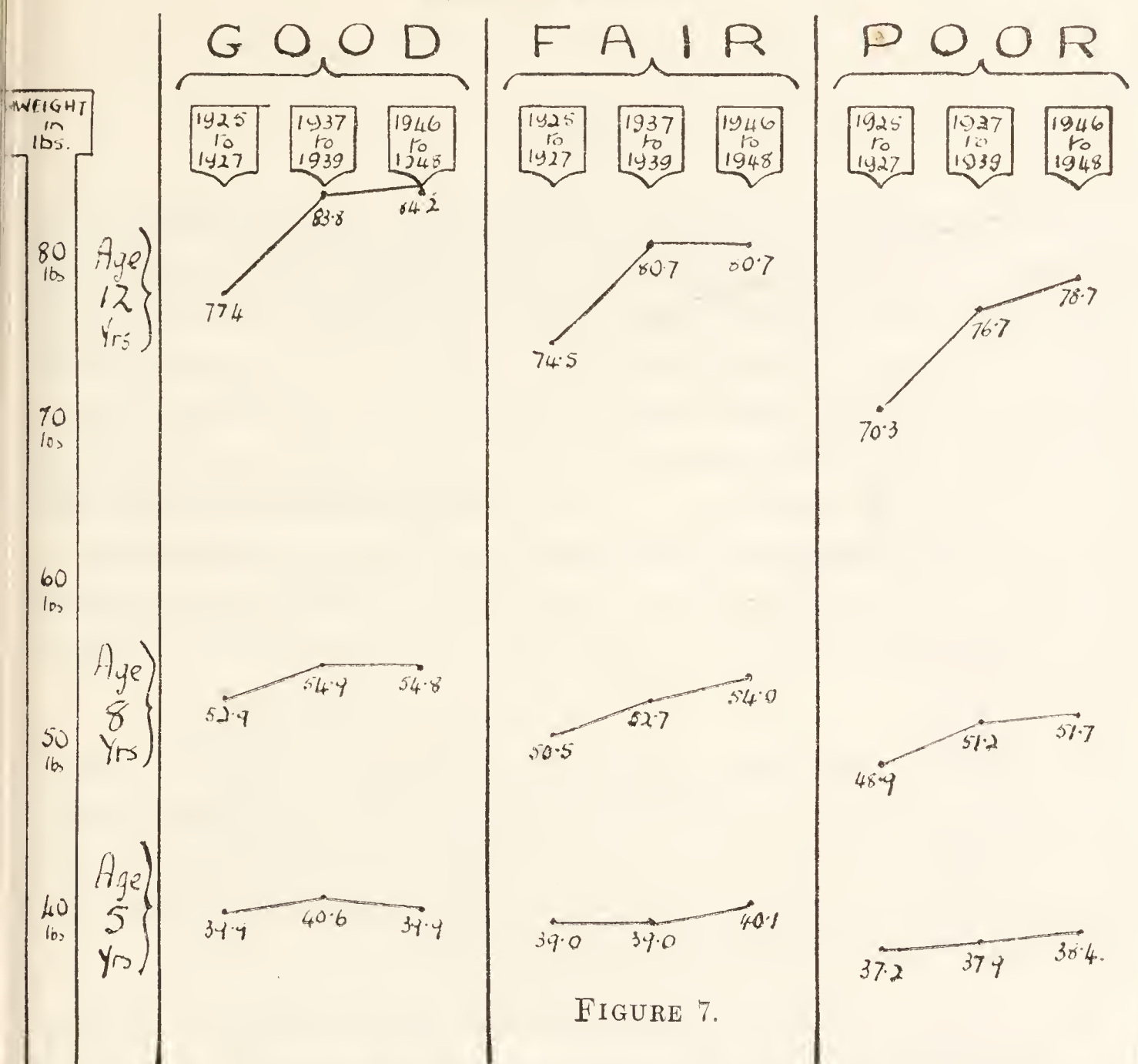


FIGURE 7.

Comparative Average WEIGHTS of GIRLS in Three 3-Year Periods, Ages 5, 8 and 12.

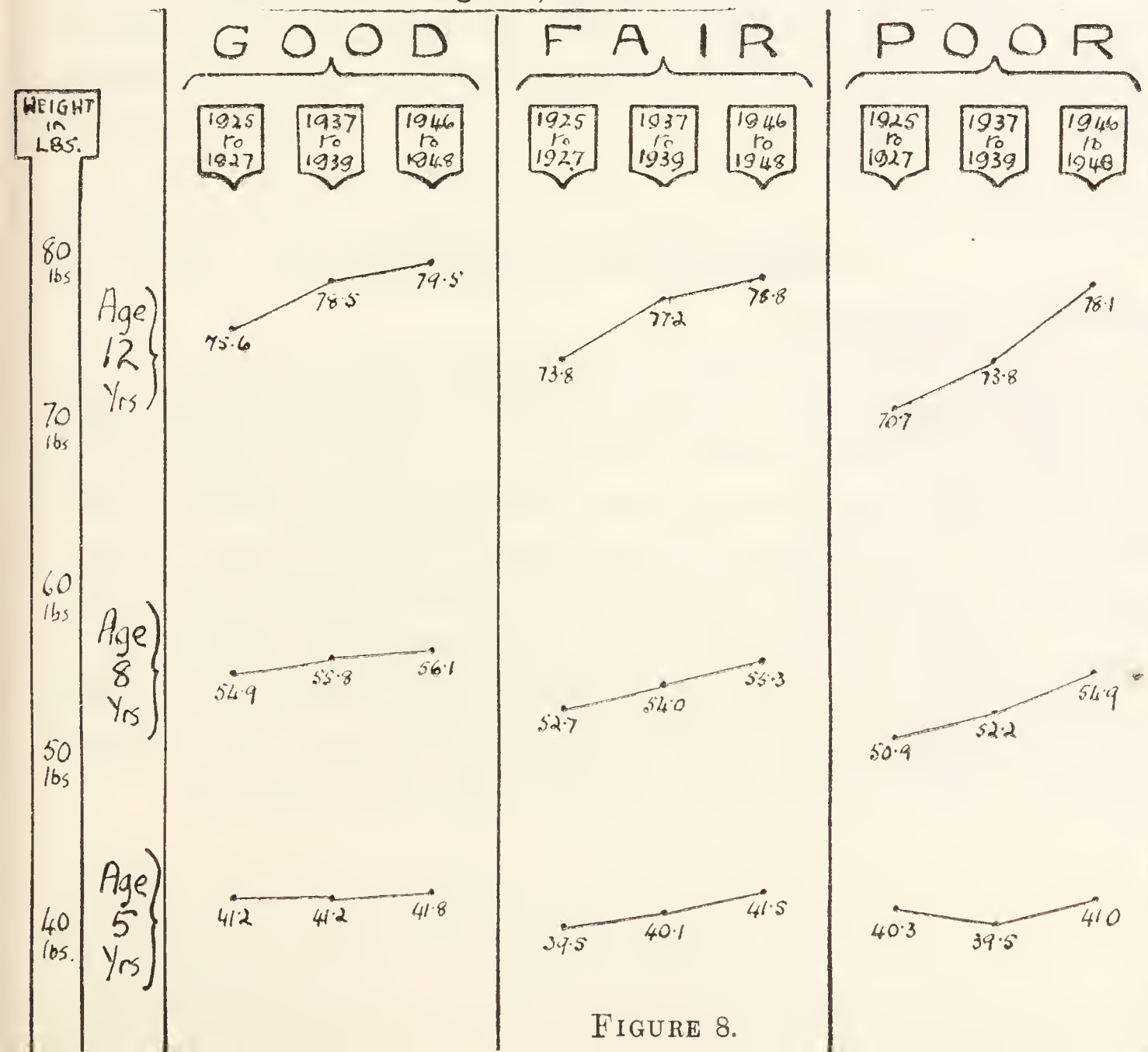


FIGURE 8.

17. In the Annual Report for 1947, Mr. R. L. Plackett, M. A. and Professor L. Rosenhead reported on the statistics given relating to these heights and weights. They pointed out the care which must be taken in drawing inferences from such statistics. For example, with regard to the roughly linear increasing trend towards improvement shewn in the case of boys aged 8 during the years 1930 to 1946 they stated that such improvement obviously "is not extensible indefinitely and over a long period is bound to be not linear but likely to be oscillatory in character—we may at present be approaching or passing the peak of some long term oscillation which, over a short period, is roughly linear."

Bearing this observation in mind, it would appear that the steady improvement in the average heights and weights of the selected groups of children which occurred for some 30 years prior to 1940 as shewn in the accompanying diagrams appears to have reached its peak in 1940 and has since remained more or less at that level.

These statistics relate of course only to a restricted number of children in certain selected schools and cannot, therefore, be taken as applying to the Liverpool school children in general. Steps are being taken to extend these investigations so as to make the findings not only eventually applicable to all the school children, but also as far as is possible, statistically more accurate.

SCHOOL MEALS SERVICE.

Kitchens and Canteens.

18. The output of dinners in many kitchens still remains in excess of their recognised capacity. Further progress was made, however, during the past year in the provision of additional kitchens for the supply of meals to school canteens and dining centres with the result that it was found possible to withdraw the restriction which it had been necessary to impose on the numbers of children who could be supplied with dinners. The "ceiling" numbers were therefore suspended as from the 1st November, 1948. It is hoped that with the steady increase in the number of kitchens now being provided, it will be unnecessary in the future to reimpose a limit on the number of meals which can be provided.

19. Proposals for the provision of additional kitchens and dining rooms have been submitted to the Ministry of Education for approval, with a view to their inclusion in the School Meals Building Programme for 1949.

New Kitchen and Dining Rooms.

20. During the year the undermentioned kitchens and/or dining rooms were opened, viz.:—

	Accommodation 2 sittings.
(a) COMBINED KITCHENS AND DINING ROOMS (HUTS)	
Calder High School	375
Highfield County School	500
Walton C.E. School (Dining room only)	375
(Kitchen to be opened in March, 1949)	
Birchfield Road County School	500
Northway County School	375
St. Clare's R.C. School	250
(b) DINING ROOMS ONLY (HUTS).	
Sudley Road County School	300
(c) IN SCHOOLS AND OTHER PREMISES (DINING ROOMS ONLY).	
St. Paul's C.E. School, Kirkdale	150
Upper Park Street (Infants' School in Toxteth Labour Club)	250
St. Bridget's C.E. School (Parish Hall)	400
St. John's R.C. (Boys' Dept., in Smith Street Mission Hall)	260

Number of Dinners.

21. The numbers of dinners supplied from 47 kitchens to pupils in maintained schools on a day selected in each of the months of February and October of the year under review were as follows:—

	1948.	
	February.	October.
No. of children present in the schools on day selected ...	114,739	117,661
No. of pupils provided with dinners	50,179	50,268
Percentage of pupils who were supplied with dinners ...	43.72%	42.72%
No. of Canteens	223	232
No. of Schools and Departments served	400	404

In addition dinners were also supplies to the following:—

Special Schools	1,283
Nurseries	1,115
Adults—Canteen and Teaching Staffs	5,700
Total (Average daily) ...	<u>8,098</u>

The total number of dinners supplied during the year was 12,594,597 (children 11,540,164; adults 1,054,433).

Milk.

22. The numbers of pupils taking milk under the Milk in Schools Scheme on a day selected in each of the months February and October were as follows:—

					1948.	
					February.	October.
No. of pupils taking Milk	...	...	...	...	109,068	112,704
Percentage of pupils present supplied with Milk	...	...	...	...	95·05%	95·78%

DEFECTIVE VISION.

23. At the periodic medical examinations the total number of children found to have some defect of vision was 6,440 (19·6 per cent.), of which 1,201 (3·7 per cent.) were of a minor degree and recorded for observation only. Amongst the entrants, 583 were found to have defective vision, mostly cases of squint.

The incidence of squint amongst the age groups inspected was 4·7 per cent. whilst that of the entrants alone was 5·7 per cent.

In addition to the cases of defective vision discovered as a result of the periodic examinations 1,640 cases were seen as “specials.”

24. The number of new cases treated under the Committee's scheme was 2,614, as compared with 3,492 during the previous year. The number re-examined at the clinics was 5,543. These numbers do not represent the total number of clinic attendances, since many children with amblyopia received intensive treatment, attending weekly, or oftener, over extended periods.

Under the arrangements made with the Health Committee for the treatment of squint in pre-school children, 387 children were examined by an oculist and glasses were prescribed in 264 of these cases.

25. The coming into force of the Supplementary Ophthalmic Services has resulted in a serious dislocation of the Education Committee's scheme for the treatment of school and pre-school children.

For many years prior to the implementation of the National Health Service Act the Liverpool Education Authority's scheme was operating smoothly and efficiently and it was possible for a child to be examined by an ophthalmic surgeon and provided with glasses within two or three weeks from the date the case was first brought to the notice of the school medical officer.

Eye Clinics had been established in various districts of the City and outlying suburbs, and in addition, the Education Committee had appointed a panel of Eye Specialists who treated school pupils at their own Consulting Rooms. During the last full year that the Authority's scheme was in operation, over 9,000 children were treated (6,038 at the school clinics and 3,080 at the surgeries of the approved eye specialists). The Authority's scheme, amongst other things, included arrangements for "following up" when necessary and the glasses prescribed were supplied by one Contracting Optician. The efficiency of the Authority's scheme, which was based on many years of experience, is shown by the fact that only 1.6 per cent. of the cases failed to obtain the glasses which had been prescribed by the oculists.

26. Under the new regulations, the Committee's panel of approved oculists no longer exists and in order to cope with the applications for clinic treatment, and at the same time keep up the re-examinations previously considered very desirable, some 300 additional clinic sessions per year will now be required.

Though the Ministry of Health have taken over the responsibility for providing ophthalmic treatment for school children they state in Revision of Circular 179 and Administrative Memorandum No. 294 that the valuable ancillary "preventive work" hitherto undertaken at school eye clinics is not legally within their scope.

With the limited number of clinic sessions available, the reducing of the numbers now being summoned for treatment at each clinic together with the difficulty of obtaining ophthalmic surgeons to carry out the work, it will be appreciated that the accumulation of long waiting lists is unavoidable, and children now may have to wait five or six months before they can be examined at a clinic.

It is also common knowledge that opticians throughout the country are experiencing the utmost difficulty in obtaining frames and lenses and, generally speaking, patients must wait from four to seven months for their glasses to be made up.

The combination of all these circumstances is leading to chaos. Parents and teachers are complaining at what they consider to be unwarranted delays and their complaints can be understood when it has to be admitted that a child may have to wait anything from seven to twelve months from the time he is reported by the school medical officer as requiring glasses until he is provided with them. It is indeed even possible in these circumstances for a child to become due for re-examination by the oculist before he has even obtained his first glasses.

27. Another disturbing factor is the failure to obtain the necessary records in the School Health Department. Under the old scheme an Eye Record Card was available for every child treated by the Authority and the Ophthalmic Surgeon's notes were subsequently entered on the medical supervision cards for the benefit of the school medical officers who examined the children in school.

Under the new scheme much of this information is no longer available and the most that can be recorded is a note to the effect that glasses have been prescribed, and even this only applies to those cases seen at the clinics and even in these cases, the School Health Department will not know whether or not glasses are subsequently obtained.

Since parents have the right to obtain treatment for their children privately from an ophthalmic surgeon or an optician providing supplementary services it is quite possible that, although the child has commenced treatment, the information will not be communicated to the school medical officer who will accordingly refer the case for clinic treatment, and thus, duplication is inevitable. Many cases have already been discovered where a child has been examined at the clinic and by an oculist or optician and thus, two prescriptions have been issued within a few weeks. The close and friendly co-operation which exists between the School Health Service and the Local Executive Council usually enables these duplications to be discovered in time to cancel one of the prescriptions. Such constant intercommunications, however, add materially to the administrative and clerical duties.

28. In addition to this lack of information as to whether or not a child has been supplied with glasses, other vital information is no longer automatically available to the School Health Department. For instance, if a child is not treated at the clinic, such cases as progressive myopia and cases requiring special precautions or periodic re-examination, may not be notified to the school medical officer, and pupils who would be considered as suitable for education in a Special Class for Partially Sighted Children may thus be overlooked.

Under the new scheme, therefore, there can be no question but that the present position with regard to the treatment of defective vision in school children is not so satisfactory as under the old arrangements.

29. The following remarks are the observations of Dr. Rankine who has been associated with the work at the Defective Vision Clinics since 1938:—

“I feel that I may make some observations on the effects of the National Health Service, as I see them, upon these clinics. These observations will be critical, since the advantages of ‘free treatment’ offered by the new service were already to a great extent available under the School Health Service.

“The ‘old’ service, I think, existed in order that children, for whose education the Education Authority was responsible, would not suffer in their education by reason of defective vision. For this reason, specialists, or school medical officers (in some areas) with considerable knowledge of the significance and treatment of errors of refraction were retained by the Authority to examine and treat children for whom such treatment might be considered necessary by the parents, teachers, and so on. In this respect, I think, Education Authorities realised a sense of responsibility to parents for children under the care of the Authorities. In turn, the specialists accepted a similar responsibility and, probably, did not feel that such responsibility was discharged by restricting their advice and treatment to the minimum required of them by their terms of contract with the Authority.

“I must say that I am very perturbed lest the former type of School Health Service—at least so far as Ophthalmology is concerned—may cease to exist. Under the former service although it was largely an ‘official’

service, it was still possible for me (to put it personally) to treat the child not for the Authority but for the parent through the auspices of the Authority and that I could personally accept responsibility for the child. That this sense of personal responsibility is in danger, in my view, I shall try to shew.

“In the first place, continuity of approved treatment was much more assured than it is now. Whereas under the old service, the vast majority of the children were re-examined regularly by ophthalmologists approved by the Authority, it may now be found that parents will take advantage of the new service to exercise their right to have their children treated by some optician conveniently nearby. The new scheme does not appear to recognise any difference between examination by an optician who has no medical qualifications and by an eye-specialist. It will hardly be surprising if parents reason that, if the State recognises no difference there is, in fact, no difference.

“Again under the old service, the Education Authority entered into a contract with a particular optician to dispense glasses prescribed at the clinics. It was customary for the optician to attend the clinics in order to deliver the glasses and to see that they fitted properly. Not only so, but, by reason of this arrangement, the ophthalmologist himself was able to see not only that glasses were correctly dispensed and fitted, but that the child had become adapted to the glasses before the case was ‘completed.’ Under the new service, these advantages are no longer possible, and I feel most strongly that, if it is no longer possible to have appointed opticians in attendance at the clinics, some arrangements should be made to ensure that these advantages may not be lost. To mention only one instance, I should point out that the young hypermetrope has the greatest difficulty in learning to relax his accommodation when he receives his glasses, and that, in many cases, it is necessary to treat him with atropine drops until he learns to relax—a course of treatment which cannot be carried out otherwise than under medical supervision.

“Another important point is that an optician may well feel that he cannot accept the responsibility of withholding a prescription for glasses when he finds an error of refraction, whereas the ophthalmologist, with

his intimate knowledge of physiology and pathology, will prescribe glasses only when he knows that the child is incapable of pursuing his education satisfactorily without them. As is well known, a large proportion of children never wear their glasses in any case, and it is wasteful to prescribe glasses for children who suffer no inconvenience without them.

“While it may be true that many children have, in the past, been taught in special classes for partially-sighted children whose education might have proceeded quite safely under ordinary conditions, these classes for the partially-sighted are very necessary, and it is of the first importance that the necessary recommendations should continue to be carried out by ophthalmologists familiar with the work of these special classes.

“Not to multiply my observations unduly, I shall conclude by referring to the prevention of amblyopia. This is a preventable condition and an examination of the school medical records will shew that it is a very seriously prevalent condition. Until recently very great progress had been made in the Liverpool Education Authority Defective Vision Clinics in the prevention of amblyopia. Infants were being brought to the clinics at the age when amblyopia was preventable, and many children have been steered past the danger-age with normal visual potential in both eyes, in whom amblyopia would otherwise have ensued.

“For these reasons, I venture to express the hope that some means may be found whereby it may be possible for the Education Authority to resume control of defective vision in school children. Would it not be possible for the Regional Hospital Board, while retaining ultimate responsibility, to delegate the supervision to the Education Authority.”

EAR, NOSE AND THROAT CONDITIONS.

30. The Aural Clinics are held at the following school clinic premises:— Everton Road, Blackstock Street, Norris Green, Garston and Dovecot.

The commonest type of deafness seen at the clinics has been middle ear deafness. In the great majority of cases this has been caused in one of two ways, either by the destruction (generally partial) of the middle ear mechanism, or by the immobilisation (generally partial) of this mechanism.

The destruction of this mechanism is generally the result of suppuration whilst its immobilisation is frequently caused by a subacute infection which may have passed unnoticed or though noticed has been ignored by the patient. In these cases of immobilisation, treatment directed to any unhealthy nose and throat conditions as well as to the middle ear, has usually restored serviceable hearing.

The importance of early treatment in cases of middle ear suppuration is shown by a comparison of results obtained throughout the year in the treatment of acute and chronic cases respectively.

Of 44 cases of acute suppurative otitis media which completed treatment suppuration ceased in all but one of the cases. Of the 156 cases of chronic suppurative otitis media which completed treatment suppuration ceased in only 89 (57 per cent. approximately).

During the year, 7 cases were considered by the Consultant Surgeon to require radical mastoid operations and were accordingly referred to Alder Hey Hospital.

Audiometry.

31. At least one session a week has been given to audiometry. Audiograms are made of those cases which fall below the level of Educational Grade 1. Useful information has thus been obtained in discovering cases of high tone deafness and Island deafness. This apparatus is also of considerable value in assessing the extent of improvement in hearing consequent upon treatment.

The following table gives the types and numbers of cases treated at the aural clinics:—

TABLE 2.
Aural Clinics.

Number of children who attended for treatment ... 1,192
Total number of attendances at the clinics ... 5,010

Defect	Total	Dry or Healed	Im-proved or I.S.Q.	Exam. only No treatment given.	Still under treatment	Failed to complete treatment	Referred to Hospital or own Doctor	Referred to M.A.C. or other Clinics	Referred to School for Deaf
Otitis Media	87	43	—	1	1	11	30	1	—
Suppurating Otitis Media ...	125	68	1	6	13	24	9	4	—
Chronic Suppurating Otitis Media ...	282	89	4	—	63	107	16	3	—
Dead Cavities	10	1	2	3	—	1	1	2	—
Ears } One Ear Both Ears	42	1	16	3	7	13	2	—	—
	59	1	17	—	15	21	3	1	1
Ears } One Ear Both Ears	26	5	8	3	1	6	3	—	—
	232	73	77	16	17	42	2	5	—
Ears } One Ear Both Ears	10	—	—	6	—	3	—	1	—
	19	—	—	1	—	2	—	—	15
Stenosis and other conditions ...	181	50	18	81	1	18	3	10	—
Nasal and Throat conditions ...	268	22	48	79	16	47	54	2	—
TOTALS ...	1,341	353	191	199	134	296	123	29	16

Minor Operations ... 58
Referred to Alder Hey Hospital for Mastoid Operation ... 7

Tonsils and Adenoids.

32. At the periodic examinations of the pupils the number found to require treatment for unhealthy tonsils or adenoids was 1,241, which

represents 2·8 per cent. of the children examined. The number requiring to be kept under observation was 3,135 or 7·1 per cent.

In addition, 460 children were presented as special cases, and of these 187 were found to require treatment.

During the years 1940-1947 tonsils and adenoids operations were carried out at Alder Hey Hospital and Broadgreen Hospital but as the number of beds was totally inadequate to meet requirements efforts were made to secure additional accommodation. Arrangements were accordingly made to hold diagnostic clinics at Mill Road Out-Patient's Department, and further treatment clinics at Fazakerley Hospital and the City Hospital East. These additional arrangements have proved invaluable and the former long list of waiting cases has now been brought practically up to date.

The following table shews the number of cases treated during the year:—

TABLE 3.

			Tonsils and Adenoids removed.	Tonsils only removed.	Adenoids only removed.	Totals.
Alder Hey Hospital	...	...	79	24	4	107
Fazakerley Hospital	...	...	909	31	147	1,087
City Hospital East	...	...	242	67	113	422
GRAND TOTALS	...	...	1,230	122	264	1,616

DENTAL INSPECTION AND TREATMENT.

REPORT BY MR. T. H. PARSONS, THE SENIOR SCHOOL DENTAL OFFICER.

33. The following Table shews the work carried out under the dental scheme for children attending the Primary, Modern Secondary, Grammar and Technical Schools:—

TABLE 4.

				1946	1947	1948
Number of children examined in school	...	...		91,942	100,970	120,540
Number of children requiring treatment	...	...		58,818 (63·9%)	60,467 (59·8%)	72,602 (60·1%)
Number of cases accepting treatment under the Dental Scheme	...	...	...	33,864 (57·5%)	41,344 (68·3%)	44,377 (61·1%)
Number of cases treated	...	...	...	33,298	32,980	40,139
Number of schools concerned	...	...	...	167	182	202

34. A number of changes in the staff of Dental Officers took place during the year. Mr. Bromley was released from his Army Service and recommenced duty on the 1st June. Two additional officers, Mr. Brown and Mr. Barlow who had been appointed late in 1947, commenced duty on the 1st January and 1st March respectively and, in October, two additional women officers, Miss Bedlow and Miss Butler, were also appointed, commencing their duties in November. Despite these appointments, however, the staff became seriously reduced by resignations. Mr. Tyson, who had served as a Dental Officer, first in a part-time and later in a whole-time capacity, for 34 years, retired on superannuation at the end of June and five other whole-time officers resigned their appointments at various times during the year.

In addition, of the three part-time officers who had been employed, one resigned his appointment and the remaining two reduced the number of sessions which they had been working. As a result of these changes the staff available at the end of the year was the equivalent of $12\frac{1}{2}$ whole-time officers as compared with 15 at the end of 1947. The authorised establishment is 19 officers. Between the end of 1948 and the time of writing this report two more whole-time officers have resigned.

The effect of the resignations did not become seriously felt until towards the end of the year, so that it was possible to carry out the whole of the programme which had been planned, viz. whilst maintaining the system of regular inspection of the pupils attending the Primary and Secondary Modern Schools, to extend the scheme to include also those attending the Grammar and Technical Schools.

35. In addition, for the first time arrangements were able to be made for the supply of dentures to some of the older children and for the undertaking, in the clinics, of treatment involving the fitting of simple orthodontic appliances for the straightening of teeth, a form of treatment which had previously to be carried out at the Dental Hospital. Unfortunately the inauguration of the National Health Dental Service has produced conditions which will prevent any further developments in the School Dental Service taking place in the near future and will, in fact, severely restrict its present usefulness.

THE EFFECT OF THE NATIONAL HEALTH SERVICE ON SCHOOL DENTISTRY.

36. The report of the Teviot Committee on Dentistry which was published in 1946, whilst advocating the formation of a National

Dental Service that should be available to the whole population, particularly stressed the necessity for priority in treatment being given to children and expectant mothers.

Although a National Dental Service has been inaugurated adequate arrangements for the priority treatment of school children have not been made. Whilst it would be true to say that much greater opportunities for the adult population to obtain dental treatment now exist, the position in regard to the dental care of school children has not been improved in like measure; on the contrary, since the introduction of the National Health Service, it has gravely deteriorated. Large numbers of school dental officers throughout the country have left the School Health Service in order to obtain the much higher rate of remuneration which can be earned as private practitioners within the National Health Service.

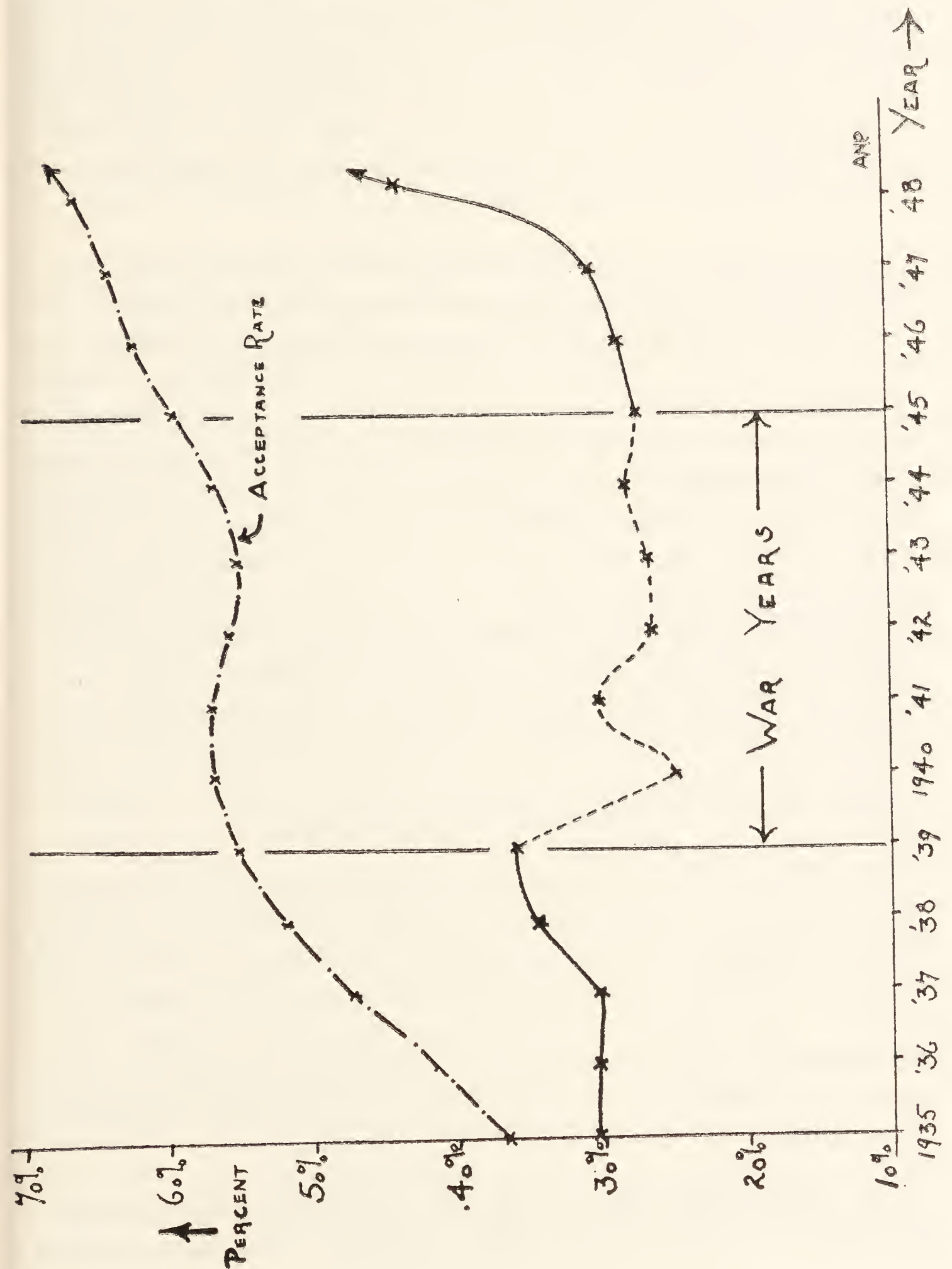
It may be thought that, because every individual is entitled to free treatment by practitioners in the National Health Service, the needs of the children can be fully met by means of this Service. This, however, is not the case and such a conclusion would lose sight of a very important point.

The School Dental Service has a definite educative value and by the system of regular inspection in the schools, dental officers are enabled to give advice to the children and their parents and to provide preventive treatment at the very earliest commencement of dental decay. On the other hand, the services of the private dental practitioners are only sought on behalf of the children, in the great majority of cases, when this course is enforced by toothache and, at that stage, the teeth are usually found to be unsalvageable.

The criterion of the success of a School Dental Service, therefore, lies in the proportion of permanent teeth that is able to be preserved and, in a completely successful scheme, but few of these teeth will need to be extracted and those for reasons other than decay.

37. The School Dental Service in Liverpool has always aimed at the eventual attainment of this standard and, whilst, for reasons which have often been stressed in these reports, progress in this direction may appear to have been slow, it has, in recent years, been quite definite.

Owing to the notably improved parental interest in the dental welfare of the children, which has been manifested in better attendance at the clinics, the proportion of permanent teeth which it has been found possible to preserve by means of regular treatment, has steadily increased as is shewn by the following graph:—



In the graph, the lower curve shews the increase in the proportion of permanent teeth able to be saved by fillings which, excluding the effect of the war years, has been taking place during the last 11 years. The two factors contributing to this improvement have been, firstly, the augmentation of the dental staff and, secondly, the steady rise in the parental acceptance rate which is shewn, for purposes of comparison, as the upper curve in the graph. It is anticipated that, as a result of the resignations from the staff which have now taken place the proportion of permanent fillings will shew as sharp a decline as that which occurred, owing to the call-up of dental officers in the first year of the war.

38. In seeking to give effect to the principle that the function of a School Dental Scheme is to preserve teeth, the service in Liverpool, from its inauguration, has limited its scope to the number of children that could receive regular attention every year by the available staff. Whilst the staff was inadequate to give this attention to children attending all the schools in the city, certain schools were excluded from the scheme and the children attending those schools were advised by School Medical Officers and teachers to apply for treatment either at the Dental Hospital or by private practitioners. As the dental staff increased these schools were gradually introduced into the scheme and by the beginning of 1948 not only were all the Primary and Secondary Modern schools so included but also the Grammar and Technical schools. Every school child in Liverpool (with the exception of those attending the non-maintained schools) was, therefore, at this date participating in a scheme of regular dental inspection and the parents of those who were found to require treatment were being advised to this effect.

39. Furthermore, it is axiomatic that the interval between successive school inspections must not exceed 12 months if there is to be any hope of preserving the permanent teeth and that the chances of success in this direction are greatly enhanced if this interval can be reduced to 6 months. Accordingly, as soon as all the schools were included within the scheme, attention was directed to reducing the interval between school inspections and at the end of the year this had been brought down to 9 months.

40. Unfortunately recent resignations which have taken place from the Liverpool School Dental Staff in common with those of other

authorities throughout the country, have reduced by almost one-half a staff which was already barely adequate to carry out these duties. It has become necessary, therefore, very radically to alter the arrangements and to introduce restrictions in the scheme which will, inevitably, have the effect that the number of teeth which can be preserved for the children will be greatly reduced and the number needing to be extracted correspondingly increased.

41. The possible alternatives in this policy of a restricted service are:—

- (1) To keep open all the dental clinics and retain all the schools within the scheme but to extend the interval between school inspections from 9 months to at least 18 months.

Whilst by this arrangement it will be possible to maintain some service for all children and provide to some extent for the treatment of cases of toothache, the preventive scheme will begin to degenerate and within a few years the proportion of teeth able to be saved will become a relatively small one.

- (2) To close some clinics and exclude the children attending the schools in the districts served by those clinics from all participation in the service, in order to maintain a full preventive service for the children attending the schools in the remaining districts.

It may be thought that this retrograde step would merely mean a return to the conditions which existed in the early days of the dental service, but, in fact, the opportunities now of the children excluded from the scheme of obtaining treatment privately are greatly reduced owing to the congestion of work for adult patients which is being experienced by private practitioners and the Dental Hospital.

42. A regrettable feature of the breakdown which is taking place in the School Dental Services of the country is that the damage which will be caused to the mouths of the children is irreparable. The essential factors in conservative dentistry are early treatment and regular treatment and any conditions which cause a postponement of treatment inevitably lead to the sacrifice of teeth.

ORTHOPAEDIC SCHEME.

43. There were 1,930 children under supervision at the three orthopaedic clinics, 1,047 of these being new cases, of which number 345 were seen at Walton Clinic, 428 at the Everton Road Clinic, and 274 at the Dingle House Clinic. Altogether the children made 10,892 attendances, either for examination by one of the surgeons or for massage and exercises.

Summary of Hospital Treatment, 1948.

Correction of deformities of feet or toes...	...	32
Treatment of torticollis by operation	...	3
Osteotomy, arthrodesis or tarsectomy	...	4
Other operations	...	12
Other treatment	...	5
		—
		56
		—

44. During the year, 11 children were provided with duplicate artificial legs as the Committee considered that, not only was it a physical handicap for children to be deprived of their artificial limbs when it became necessary to send them away for repair, but that it was also detrimental to them psychologically.

On the coming into force of the National Health Service the provision and maintenance of artificial limbs ceased to be the responsibility of the Education Authority.

45. The Child Welfare Association assisted the parents in obtaining new apparatus, surgically altered boots, repairs, etc., in 2,539 instances, whilst 137 pairs of boots for wearing with apparatus were supplied. The Association likewise assisted the work by supplying cod liver oil and arranging for convalescent treatment, and their visitors also made many visits to parents in the case of 176 children regarding their non-attendance at clinics, and several hundred visits for other reasons connected with the work.

46. The accompanying table shews, in detail, the work carried out at the clinics:—

TABLE 5.
Cases dealt with under the Orthopaedic Scheme during 1948.

Defect	Cases seen at Surgeons' Visits.					Massage and Remedial Exercises Department.				
	No. OF CASES		No. OF ATTENDANCES			No. OF CASES.		No. OF ATTENDANCES.		
	Clinic		Clinic			Clinic.		Clinic.		
	Dingle House	Walton	Everton Road	TOTAL.		Dingle House.	Walton.	Everton Road.	TOTAL.	TOTAL.
Infantile Paralysis	4	5	18	27	12	12	12	39	63	167
Birth Palsy ...	—	1	2	3	—	—	1	6	7	8
Spastic Paralysis	18	15	37	70	47	28	89	164	39	666
Rickets ...	59	81	24	164	108	145	43	296	13	95
Talipes ...	5	10	6	21	10	22	12	44	4	22
Spinal Curvature	15	14	26	55	34	29	54	117	46	562
Torticollis ...	1	11	13	25	2	24	29	55	17	223
Flat Feet ...	221	282	303	806	421	510	522	1453	382	3105
Other deformities	68	83	102	253	144	148	190	482	88	1099
Other defects ...	102	148	174	424	176	271	315	762	159	1420
No orthopaedic defect found ...	11	34	37	82	11	34	37	82	—	—
TOTALS ...	504	684	742	1930	965	1224	1336	3525	760	7367

47. Mr. Dwyer, one of the orthopaedic surgeons to the clinics reports that "the problem of footwear for children has certainly improved considerably during the last year and there are no really serious difficulties in this respect now. The general quality of the footwear has improved greatly and the parents are more able to purchase boots and other suitable forms of footwear.

"The actual character of the clinic has changed little during the last few years and I have never ceased to admire the smoothness and efficiency of the arrangements. The method in which the school medical examinations are conducted is obviously most satisfactory as one seldom sees children at the school clinic suffering from severe deformity which might have been prevented had they been detected earlier.

"My impression is that in recent months the attendance has been higher, no doubt due to improved transport facilities. Most of the parents seem to appreciate to the full the amenities offered by the school clinic and, for the most part, co-operate as well as they can in seeing that the instructions given to the children are followed out effectively at home. There is no doubt at all that most of the parents are interested in their children's welfare and attendance at the school clinic seems to stimulate them to look for early abnormalities in younger children at home who have not reached school age. This is a most encouraging feature and, to my mind, represents a vote of confidence in the general administration of the school clinic work.

"The liaison between the school clinic and Alder Hey Hospital continues to be a very happy one, and one cannot help feeling that this bond will become closer as time goes on."

48. Mr. Heron states "The clinics are extraordinarily happily run, and it is notable how rarely one meets a 'discordant' child or parent. It is obvious that the parents appreciate the service provided, they shew this in many ways, not the least of them being the bringing of the younger members of the family along for advice and help. It is noteworthy I think, how very early some of these mothers spot some minor disability, and in time we may get them bringing the child so very early that our work will become easier and easier".

49. Mr. Roaf remarks as follows:— “On the whole there has been definite progress in all branches of the work. It has been easier to obtain suitable footwear. There has been, in general, good co-operation from the parents, and most of the children who require remedial exercises co-operate well in this treatment.”

MINOR AILMENTS

50. For the purpose of organizing minor ailment treatment the schools are divided into 16 groups and to accommodate these 16 groups morning and afternoon sessions are held at 4 of the 12 clinics. The doctor who carries out the periodic inspections in the schools in each group conducts the clinic for that group. Likewise the school nurses attached to each of the clinics also, as far as is possible, carry out the various school nurse's duties in connection with their own group of schools. By organising the work in this way the doctors and nurses are able to make further useful contacts with the parents who bring their children to the clinics.

At the minor ailment clinics 39,980 cases were treated during the year. The treatment of these cases necessitated 325,887 attendances which average 8.2 per case treated.

There has been a marked increase in the number of cases of ringworm of the scalp, from 48 in 1947 to 117 for the year under review. During the previous ten years 49 cases reported in 1943 was the highest number.

Of the 2,511 cases of skin conditions treated at the minor ailments clinics, 1,638 were cases of impetigo. There was an increase in the number of cases of conjunctivitis, the number treated being 2,065 as compared with 1,150 in 1947, whilst 952 children required treatment for blepharitis.

Scabies continued its decline, from 1,226 in 1947 to 717 in 1948. All contacts were followed-up, by which means 121 pre-school children and 80 adults were discovered and treated. The school medical officers who supervise the work at these scabies clinics carried out 545 examinations.

UNCLEANLINESS AND NEGLECT.

Personal Hygiene.

51. The school nurses made 466,975 examinations of school children

with regard to cleanliness, and altogether 30,759 children were found to shew some evidence of verminous infestation or were very dirty. In the case of 1,086 children, statutory notices were served upon the parents owing to their failure to cleanse their children after previous notification, and 702 children were cleansed by the parents and 384 had to be compulsorily cleansed by the staff.

The total number of attendances made at the cleansing stations during the year on account of verminous conditions was 17,085.

52. At the routine examinations in the schools 5.75 per cent. of the boys and 17.93 per cent. of the girls were found to shew evidence of infestation. The results of the nurses' cleanliness surveys, however, shew that nearly 25 per cent. of the children were found at least once during the year to be infested. The difference between the routine examination figures and the "Survey" figures is probably due to the fact that at the routine examinations the parents are notified that their children are about to be examined, but they are not notified about the survey examinations.

53. The School Attendance Department have co-operated with the School Health Service in investigating cases of neglect referred to them.

Mr. Keenan, the Superintendent of the School Attendance and Care Department, states that:—

"During the year 1948, 12 persons were summoned for the neglect of their children. Proceedings were as follows:—Six were sentenced to terms of imprisonment varying from one to six months. Two parents were fined £10 and £5 respectively. Four were placed on probation and bound over."

54. Dealing with cases of uncleanness amongst school children still absorbs a large part of the school nurses' time. During every term a nurse visits each school to carry out a complete hygiene survey of the pupils.

55. Cases of serious infestation are now comparatively few and they occur mostly amongst children who are bad attenders at school, or whose mothers are dead or are physically or mentally ill. There are a number of families all the members of which are quite indifferent as to personal

hygiene and it is largely the children from such families who infest the children from good homes.

The nurses report that they come across children living in the new tenement flats where baths and hot water are available yet the children are verminous and flea bitten. One of the nurses referring to such families states that there are also good mothers living in these tenements "whose life is made a misery by such dirty and vulgar neighbours and whose dogs often foul the forecourts and stairways."

There are large numbers of mothers also who consider that all heads are clean so long as they are not combing out anything alive and that the remaining nits are harmless or even a natural condition. It is difficult to understand a mentality which cannot or will not realise that nits are the eggs of the louse biding their time to hatch. These cases of 'a few nits' give more trouble than cases of more serious infestation where enforcement of statutory powers is fully justifiable. In those instances where parents write letters expressing their indignation at having been insulted it is invariably in the case of children who have been found to be merely nit infested, a condition which is often freely admitted in the letters of complaint.

There are several insecticides on the market for home use, but there is a certain amount of prejudice against their use, on the grounds that they smell and stain the pillow. These assertions, if true, however, are not a result of the use of the insecticides but their misuse; those using them have either not read or failed to follow or comprehend the instructions on the bottle.

Apart from head infestations some of the nurses have commented upon the dirty appearance of children in the afternoons as compared with the morning sessions. With the increasing numbers of children partaking of school meals the provision of adequate washing facilities in the schools looms more important, for unwashed children cannot be as alert and attentive as those who look and feel clean.

56. "Late hours" continues to be a prevalent factor in undermining the health of large numbers of children. This bad habit is common enough in the younger children but worse in the case of the older children, large numbers of whom retire at the same time as their parents. Nurses

report that they have seen children asleep at their desks in the afternoons and children arrive at the morning clinic to slump at once into the nearest chair, after which as one nurse reports—"seldom is a request or question ever heard by them until repeated several times." How can such children profit from their education? Several factors are blamed for the children obtaining insufficient sleep—overcrowding, the wireless, the cinema which some children attend three or four times a week. Perhaps, those parents who complain that their children refuse to come indoors and please themselves when they go to bed are nearest the correct explanation.

Clothing.

57. Generally speaking, the girls have been found to be more suitably clothed than the boys, many of the latter having been found not to be wearing vests and under-pants. In instances in both sexes, when underclothes are worn and they are found to be in a dirty condition, the mothers and any older girls are out working.

One of the effects of clothes rationing has been the introduction of the fashion for girls of either wearing no stockings at all or short coloured cotton socks even during the winter months, yet despite the fact that the legs may be blue with cold, the girls seem to prefer this new fashion.

Obversely the nurses comment on the increasing number of the 14-15 year old girls who take pride in their personal appearance and thus create a good example for the younger children, yet at the same time they comment on school uniforms which are intended to make the children look smart, but instead in some cases such uniforms are torn and shabby, looking as if they are not changed for out-of-school attire and having even been slept in.

Footwear.

58. Providing and maintaining decent footwear for their children is a difficult problem and a constant worry for many parents and in present circumstances it is not surprising that many of the children have been found not only to be wearing unsuitable footwear, but also footwear which is in a very bad state of disrepair. Parents complain not only of the high cost of boots and shoes but also of their poor quality. Four weeks appears to be a fair average life for many of the boots and shoes purchased. There appear to be two reasons for their short life, one that

their quality is so poor that the soles come loose and the uppers burst, and two, that even if of better quality, the leather is seldom preserved by cleaning and polishing and because of the high cost their repair is delayed until it is too late.

In an endeavour to solve the footwear problem many parents purchase Wellingtons which are constantly worn at all times of the year until they are down at heels and have holes in the soles and give neither warmth nor support to the feet. Other parents purchase pumps which are also worn wet or fine, and as these cost only about 8/6d. to purchase yet about 6/6d. to repair it is not surprising that they should continue to be worn until they have almost fallen to pieces. Such unsuitable footgear is conducive to chilblains, catarrhal conditions and much discomfort.

CHILD GUIDANCE.

59. At the end of the year the arrangements for the opening of the Authority's Child Guidance Centre at 15, Falkner Square, were almost completed.

60. Cases requiring child guidance, however, were dealt with by the Notre Dame Child Guidance Clinic, and the Director of the Clinic has submitted the following report of the year's work:—

“During the year ending December 31st, 1948, the number of children attending the Clinic for treatment or advice was 350, or more than double the number attending in 1945 when the first report was submitted. Of these, 213 were referred by the Liverpool School Health Service, and 137 by other agencies.

“Of the children referred, 326 were of school age, distributed as follows:—

Infants	...	...	...	75
Juniors	...	...	...	97
Seniors	...	...	...	154

The very noticeable increase in the proportion of Seniors to Juniors is largely accounted for by the growing practice of the Magistrates of

remanding children for examination at a Child Guidance Clinic. A number of such cases attend only for diagnosis and advice as to disposal."

61. The range of intelligence is rather wider than last year, the most significant feature being the fact that three children were referred whose intelligence amounted to genius, but whose maladjustment was so marked that they were positively backward in school subjects. About 25 per cent. of the cases were above the average in intelligence, as against 18 per cent. last year.

The complete distribution is as follows:—

Intelligence Quotient.

170 to 179	...	...	...	3	} 4% very superior ability.
160 „ 169	...	...	...	1	
150 „ 159	...	...	...	1	
140 „ 149	...	...	...	5	
130 „ 139	...	...	...	12	} 20% above the average.
120 „ 129	...	...	...	18	
110 „ 119	...	...	...	25	
100 „ 109	...	...	...	35	} 33% average.
90 „ 99	...	...	...	55	
80 „ 89	...	...	...	55	} 32% dull and backward.
70 „ 79	...	...	...	32	
Under 70	...	...	...	31	11% educationally subnormal.

62. In addition to psychiatric treatment, play therapy and social work with the parents, between six and seven hundred periods of remedial coaching are recorded during the year under review. Two categories of children received this additional service:— (a) Those of superior or very superior ability whose emotional problems, either at home or at school produced inhibitions in the basic subjects. The conflict and anxiety arising from the disability, in their turn, often aggravated the original trouble for which the child was referred. Good results are being obtained with cases of this type. (b) The second group of children who received remedial coaching, included those of low intelligence, whose lack of reading or number facility deprives them of most of the interests and satisfactions enjoyed by less handicapped children of their own age, and inclines them to seek an outlet in mischief or delinquency. One such child has just gained a scholarship to a Trade School, and has embarked on an interesting course of training, while others are making slow but significant progress both academically and emotionally.

63. The 296 cases closed this year are accounted for as follows:—

(a)	Attended for diagnosis or advice only	...	...	...	107
(b)	Adjusted or improved	...	...	...	87
(c)	Withdrawn by parents before completion of treatment, or closed for lack of co-operation	...	...	...	56
(d)	Recommended for Residential Schools	...	...	...	28

NOTES. (a) This number included educationally sub-normal children unsuited for treatment at a Child Guidance Clinic, as well as children referred by distant Authorities, where treatment here was impractical. Cases are also included where advice and perhaps some adjustment in home or school seem sufficient. Such cases are normally recalled for interview after the lapse of a few months.

(c) Many of these children were necessarily withdrawn owing to their parents' change of residence.

(d) This number shows a considerable increase over that recorded last year, owing to the large number of Court cases referred. Children recommended for Approved Schools, or schools for maladjusted children often receive treatment pending departure.

64. The following cases may be of interest as showing the type of work carried on by the Clinic.

A : B. Age $11\frac{1}{2}$ years was referred for truanting and pilfering. He is a boy of slightly more than average ability, but four years retarded in reading. He lost his mother at four years of age, and he and his elder sister were looked after by a rather uninspired housekeeper. After some years abroad with the Forees, the father brought home a very kindly step-mother for the two children, who did her best to counteract the father's very violent temper. In addition, however, the father began to show a very marked preference for the daughter, who strongly resembled her dead mother. These two paternal character traits reacted very badly on A. who began to quarrel with his sister, and to adopt deceitful, and eventually, dishonest ways to escape his father's violence. If trouble seemed imminent, he took refuge with a relative a few miles away. On being referred to the Clinic, A was able to talk out his whole problem with a sympathetic psychiatrist. Advice was given both to the father and to the stepmother as to their treatment of the two children, and an improvement was noted very shortly.

In spite of a bad set-back in the fourth month of treatment, with its consequent reaction on the emotional relation between A. and his father,

things continue to go well. A.'s reading disability is yielding to treatment, and he and his sister are getting on better, and there is a much more satisfactory relation with the father who is making a real effort to understand his son's temperament. A.'s changing attitude is well illustrated by the fact that he is busy printing off copies for the Clinic staff, from a negative showing father and son together in a friendly attitude. Treatment continues, and a good adjustment is confidently expected.

X.Y. Age 10½ years. I.Q. 119. This child was referred to the Clinic for her difficulty in writing, and her poor motor control in general, and also for behaviour disorders. She had originally been brought to us three and a half years earlier, when she was described as "highly strung, restless and fidgetty, clumsy in her movements and unable to write." After examination on that occasion, treatment was recommended, but the parents were unwilling for her to attend. When X. was brought back for the second time, the particular problem was her handwriting, which was said not to have improved since she was 6 years old, though her oral work was good. Her poor motor control prevented her from learning to sew or knit, nor was she able to fasten buttons, or eat properly with a knife and fork. In addition she was now said to be destructive, and to be unable to mix well with other children, who called her "silly X." She was still fidgety, and restless, and full of odd mannerisms, though no evidence of chorea had been discovered by the school medical officer.

The psychiatric interview was in this case followed by a neurological examination, and the resultant was that the clumsiness was in part due to some cerebral damage caused by a birth injury, but that there was a large hysterical element in the case. It was decided that X. should attend for both individual and group play sessions, and in the course of the treatment, a brief period of remedial coaching was included. Regular social-work interviews with the mother aimed at helping her to be less demanding and possessive.

After ten months, reports from school and home confirmed our observations in the Clinic that X. had made a good response: her mannerisms and twitchings were no longer apparent, she had learned to mix reasonably well in a group of children, and there was no further talk of inability to fasten buttons, etc. X.'s handwriting is definitely better,

but more important even than this is her very much improved attitude to school work in general. She is considered to have adjusted as could be expected in view of her physical injury, and the case has been closed.

TUBERCULOSIS.

65. As a result of examinations made by the school medical officers, 241 school children were referred to the Tuberculosis Officers for investigation. The Tuberculosis Department also supplied reports upon 1,230 pupils who had been reported from other sources as possible cases of tuberculosis.

66. Dr. J. P. Clarke, the Chief Clinical Tuberculosis Officer, has supplied the following tabulated statistics relating to the number of notifications of cases of tuberculosis and deaths from that disease at five year intervals since the year 1928.

The table shews a continued fall in the incidence of the disease, though the deaths have remained more or less constant during the past decade :—

TABLE 6.

TUBERCULOSIS (NOTIFICATIONS), SCHOOL CHILDREN (5-15 YEARS).

		1948	1943	1938	1933	1928
Males	Respiratory ...	36	34	59	126	215
	Non-Respiratory	33	59	55	135	122
Females	Respiratory ...	43	30	58	136	192
	Non-Respiratory	16	48	63	131	122
TOTAL ...		128	171	235	528	651

DEATHS.

		1948	1943	1938	1933	1928
Males	Respiratory ...	2	4	3	10	12
	Non-Respiratory	9	10	5	17	19
Females	Respiratory ...	6	5	8	21	25
	Non-Respiratory	7	7	6	16	22
TOTAL ...		24	26	22	64	78

Tuberculin testing carried out at one of the Tuberculosis Clinics on a group of 280 school children gave 151 negative and 129 positive reactions. This high percentage of "negatives" suggests a fruitful field for B.C.G. Vaccination in the near future.

MISCELLANEOUS ITEMS.

(a) Infectious Diseases in Schools.

67. There were 5,129 cases of infectious diseases in school children reported to the Public Health Department during the year 1948, this being an increase of 178 cases as compared with the previous year. The downward trend in the number of cases of diphtheria reported continues; 383 notified cases, a decrease of 105 over the previous year being reported. Scarlet Fever also shewed a decrease of 114 cases, while measles gave an increase of 179 cases and whooping cough an increase of 252 cases.

It was not necessary to close any school or department on account of infectious disease during the year.

68. The arrangements made in previous years for the inoculation against diphtheria of children attending the schools were continued. Visits were paid to 74 primary and modern secondary schools, a total of 5,510 children being inoculated and 1,129 previously inoculated children received reinforcing injections, while in addition, a number of children of school age were inoculated at the various immunisation clinics held throughout the City.

The proportion of children aged 5-15 years inoculated at the end of 1948 was 76.3 per cent. The accompanying table is of interest. It shews for a succession of years the number of cases of, and deaths from, diphtheria in children of 5-15 years both amongst inoculated and non-inoculated children as well as the marked reduction in the incidence of cases of diphtheria. This reduced incidence, it will be noted, has been most marked since 1943 when the percentage of immunised children had progressed past the 50 per cent. figure. If, as is believed, these remarkable figures are attributable to the immunisation scheme it is a great tribute to this aspect of preventive medicine.

Diphtheria Immunisation in Liverpool.

CASES AND DEATHS IN INOCULATED AND NON-INOCULATED CHILDREN IN
LIVERPOOL AT AGES 5—15 YEARS.

Year.	No. of Cases.		No. of Deaths.		Total accumulation of inoculated children 5-15 at the end of the year.
	Non-inoculated.	Inoculated.	Non-inoculated.	Inoculated.	
1932	1,852	11	90	—	—
1933	1,658	20	85	1	—
1934	1,622	37	90	—	—
1935	1,526	51	75	3	—
1936	1,218	51	76	1	—
1937	1,382	75	76	2	—
1938	1,270	83	68	2	—
1939	763	53	44	—	—
1940	1,107	49	61	—	—
1941	1,513	74	89	1	51,625
1942	1,328	87	53	—	64,582
1943	623	52	11	—	79,578
1944	375	37	12	1	80,951
1945	358	53	12	—	84,031
1946	241	28	5	—	89,600
1947	167	22	3	1	92,481
1948	123	6	2	—	97,193

(b) Vaccination.

69. The percentage of unvaccinated children amongst those examined at the periodic examinations in 1948 was 31.5.

When medical inspection of school children was inaugurated in 1909 the percentage of unvaccinated children was 6.1. From then onwards until 1945 a progressive decrease in the percentage of vaccinated

children took place until 1945 when for the following two years some improvement was noticed. The present percentage of unvaccinated, however, is .5 below that of 1945.

The percentage for the years under consideration were:—

In 1909 the percentage was	6.1	In 1940 the percentage was	23.4
„ 1915 „ „ „	7.1	„ 1945 „ „ „	31.0
„ 1920 „ „ „	not available.		
„ 1925 „ „ „	16.3	In 1946 „ „ „	28.8
„ 1930 „ „ „	19.1	„ 1947 „ „ „	24.6
„ 1935 „ „ „	22.7	„ 1948 „ „ „	31.5

(c) Employment of Pupils.

70. During the year a total of 4,059 children (2,890 boys and 1,169 girls) were engaged in part-time employment. The school medical officers examined 1,121 children as to their fitness to undertake work and in 8 cases the undertaking of this part-time work was not recommended on medical grounds.

During the year the Sub-Committee, dealing with the licensing of children, granted 78 theatrical licences.

(d) Children and Young Persons Act.

71. In accordance with the provisions of Section 35 of the Children and Young Persons Act, 1933, medical reports for the information of the Magistrates in the Juvenile Courts at Liverpool and district, were submitted in 3,084 cases.

The Magistrates asked for special medical examinations to be carried out in 196 cases and these were undertaken by the following medical officers:—

Medical Officers to the Remand Homes	...	...	...	...	63
Approved Medical Officers (Ascertainment of Mental Condition)	...				104
Other Medical Officers (Eye Specialists, Orthopaedic Surgeons, Ear Specialists, Psychiatrists, etc.)	...	...	...	...	29
					196

(e) School Premises.

72. The City Engineer and Surveyor reports the following alterations and improvements which were carried out on school premises:—

Sanitary improvements	...	...	...	...	...	15 schools.
Playground repairs	...	...	...	...	...	4 „
Improvements and repairs to heating installations, etc.	...	...	...	...	...	2 „
New heating boilers	...	...	...	...	...	2 „
Installation of electric lighting	...	...	...	...	...	2 „
Miscellaneous improvements, e.g., classrooms, cloakrooms, windows, floor coverings, etc.	...	...	...	...	...	8 ,

NURSERY SCHOOLS AND CLASSES.

73. There are six Nursery Schools with accommodation for 490 children from 2 to 5 years old, and 36 Nursery Classes in 26 schools with a total of 1,076 children between 3 and 5 years of age on their rolls, making a total of 1,566 children.

74. There is still a shortage of qualified teachers, but during the year, eight nursery assistants have entered Emergency Training Colleges with a view to teaching in Nursery Schools or Nursery Classes.

A short course for the training of Senior Child Care Reservists as Wardens was held in September, 1948, when all the Liverpool candidates (14 Education Department, and 4 Ministry of Health Department) successfully completed the course.

The position as regards the shortage of helpers is easing steadily, and as girls are employed with a view to training for the National Nursery Certificate examination, the standard is being gradually raised. It is the policy of the Authority that, as far as possible, newly appointed assistants shall either have some qualifications or shall be willing to train for the National Nursery Certificate examination or other qualification. 13 assistants completed the National Nursery Certificate course during the year.

75. Nursery Education is becoming increasingly popular with parents who have realised its value to the children and accordingly most of the Nursery Schools and Classes have long waiting lists. The national economic situation, the high cost of living and the state of male unemployment in the City, have also made it necessary for more mothers to go to work. The pressure for more accommodation is particularly great in the Speke and Norris Green areas.

A further increase in the number of Nursery Classes in Infants' Departments of the schools is impracticable, owing to the need for places for children of compulsory school age, but the Committee have long term plans for Nursery Schools in the new housing areas. In the case of Norris Green area, the Education Committee have agreed to the re-organisation of Leamington Road and Monksdown Road Nursery Classes as Nursery Schools, thus providing for more accommodation for the children of 2 years old and an increase in the number of places available.

76. The school medical officers carried out a periodic medical inspection of 894 of the children attending these schools and classes during the year. Of these children so examined 629 were found to be vaccinated, while 265 children shewed no evidence of vaccination. Of these children so examined 200 were found to be immunised.

The Nutrition of these children was assessed as follows:—

Pupils Inspected.	Nutrition.		
	Good.	Fair.	Poor.
894	630	260	4

77. The school medical officers also carried out 324 re-inspection examinations of pupils found to have defects. In addition 79 special examinations were made of children brought forward by the Teachers in Charge.

The defects found at all the inspections are listed below.

								Requiring Treatment.	For Observation.
SKIN	...	...	...	...	Scabies	...	...	2	—
					Impetigo	...	...	2	—
					Others	...	...	5	25
EYES	...	...	...	...	Blepharitis	...	...	1	10
					Conjunctivitis	...	...	1	5
					Others	...	...	1	7
					Vision (wearing glasses)	...	...	—	2
					Squint (new cases)	...	...	31	26
					Squint (wearing glasses)...	...	...	7	24
EARS	...	...	...	...	Hearing	...	...	2	6
					Otitis Media	...	...	6	41
					Others	...	...	1	18
NOSE AND THROAT	...	...	...	...	Tonsils	...	...	15	122
					Adenoids	...	...	9	17
					T. and A.	...	...	7	16
					Others	...	...	17	53
					Cervical glands	...	...	1	28
SPEECH	...	...	...	...	Stammer	...	...	—	9
					Others	...	...	1	26
HEART AND CIRCULATION	...	...	...	...	Congenital	...	...	1	8
					Acquired	...	...	—	1
					Functional	...	...	—	28
LUNGS	...	...	...	...	Pulmonary T.B.	...	...	4	7
					Bronchitis...	...	...	9	86
					Asthma	...	...	—	1
					Others	...	...	—	33
DEVELOPMENTAL	...	...	...	...	Hernia	...	...	2	15
					Others	...	...	2	19
ORTHOPAEDIC	...	...	...	...	Posture	...	...	—	4
					Flat Foot	...	...	14	22
					Others	...	...	26	50
NERVOUS SYSTEM	...	...	...	...	Epilepsy	...	...	—	2
					Others	...	...	2	20
PSYCHOLOGICAL	...	...	...	...	Development	...	...	—	10
					Stability	...	...	—	7
RHEUMATISM	...	...	...	...	Chorea	...	...	—	2
NON-PULMONARY T.B.	...	...	...	...	Glands	...	...	1	5
					Bones and Joints	...	...	—	2
					Other form	...	...	1	—
OTHER DISEASES AND DEFECTS...	...	...	...	...	Debility	...	...	15	41
					Anaemia	...	...	4	14
					Others	...	...	7	77

NURSERY CASES TREATED AT MINOR AILMENTS CLINICS.

				Requiring Treatment.
Ringworm of Body	...	...	...	8
Scabies	...	...	...	13
Impetigo	...	...	...	63
Other Skin Defects	...	...	...	44
Blepharitis	...	...	...	45
Conjunctivitis	...	...	...	86
Other Eye Defects	...	...	...	55
Otorrhoea	...	...	...	51
Other Ear Defects	...	...	...	107
Miscellaneous (sores, cuts, etc.)	...	...	...	562
TOTAL	...	...	...	1,034

HANDICAPPED PUPILS.

Blind Pupils.

78. The Authority has no special schools for blind pupils and depends upon those conducted by other bodies. At the end of the year under review 22 blind children were accommodated as follows:—

Wavertree School for the Blind	...	...	...	...	7
Roman Catholic School for the Blind, West Derby	...	...	...	...	5
Sunshine Homes	...	...	...	...	4
Henshaw's School for the Blind	...	...	...	...	3
Worcester College	...	...	...	...	1
Condoover Hall Special School	...	...	...	...	2
					—
					22
					—

Partially Sighted.

79. Classes for partially sighted pupils were held in the following centres:— St. Anne's C.E. School, Christian Street, Grant Road County School, Underlea Day Open-Air School, and Fazakerley Day Open-Air School. The number on the rolls at these classes at the end of the year was 67.

The following table gives an analysis of the cases recommended for admission to the Partially Sighted Classes by the Committee's Ophthalmic Surgeons during the past five years.

TABLE 7.

Children Recommended as Suitable during the last Five Years.

Defect.	1944	1945	1946	1947	1948
Myopia	3	6	7	9	1
Nystagmus	3	2	1	2	3
Nystagmus with Cataract	2	1	—	—	—
Nystagmus with Albinism	1	—	1	1	1
Nystagmus with Coloboma	—	—	1	—	—
Congenital Cataract	—	1	1	—	2
Progressive Macular Degeneration	—	4	—	1	—
Macular Dystrophy	3	—	—	—	—
Dislocated Lenses	1	—	1	1	—
Albinism	—	—	—	1	—
Corneal Opacities	1	—	2	1	1
Interstitial Keratitis	—	—	—	1	—
Choroiditis	—	1	—	2	—
Coloboma	—	1	1	—	—
Optic Atrophy	1	—	1	1	—
Detached Retina	1	—	—	—	—
Staphyloma	—	—	2	—	1
TOTALS	16	16	18	20	9

Deaf and Partially Deaf.

80. During the year 1948, the Education Committee acquired the premises in Oxford Street, Liverpool, previously occupied by the Liverpool School for the Deaf. On the 7th January, 1949, the Hostel for the Deaf, Oxford Street, Liverpool, was opened for the reception of 60 boarders. The children from the Hostel for the Deaf, Oxford Street, attend Crown Street School for the Deaf for education.

There were 120 deaf and 60 partially deaf pupils attending the Crown

Street School, of which 80 deaf and 55 partially deaf were Liverpool children. There were 6 deaf pupils awaiting admission to the school..

The lip-reading class was continued, 24 children attending the Melville Place centre twice weekly.

Epileptic Pupils.

81. There were 62 ascertained epileptic pupils. Of these, three were attending the Homes for Epileptics, Maghull, six were at the Colthurst School for Epileptics, Warford, near Alderley Edge, whilst nine were awaiting admission to boarding special schools, 33 were attending other types of special schools and 8 were recommended for home teaching.

Delicate Pupils.

82. The Torpenhow Open-Air School was taken over by the Cheshire Education Authority during the year and because of the extent of their need of accommodation for boarding school places for delicate children they found it necessary to cancel the agreement whereby this authority sent cases to the school. During the year 77 Liverpool children were admitted to this school, each staying approximately six months. All children upon discharge from Torpenhow were examined and then re-examined from time to time until the child's health is considered normal. As a result of the review of ex-Torpenhow cases 24 children were recommended for admission to day open-air schools.

83. The number of delicate pupils on the rolls of each of the day open-air schools at the end of the year was as follows:—

Fazakerley Open-Air School	...	...	...	...	226
Underlea Open-Air School	...	...	...	...	140
Margaret Beavan Open-Air School	...	...	...	...	81

A number of crippled children were also in attendance at these schools as shewn in paragraph 87.

84. Miss Anderson, the Head of the Fazakerley Open-Air School, states that:— “The year 1948 was a much more settled one for work and life generally at Fazakerley Open-Air School.

“True, accommodation has not yet been found elsewhere for the class of E.S.N. boys, nor for the class of physically handicapped children. Apart from the seven classes of Open-Air School children, the school accommo-

dates in separate classes, partially-sighted children, physically handicapped children, and E.S.N. boys, making four separate departments in the school.

“ In January, 1948, the problem of transport, which has always been a difficult one, was solved. Now the children are conveyed to and from school by two double decker 'buses, and an ambulance which makes two journeys. This provision has been a great boon, for no longer is there any need to dry clothes nor change boots and stockings in inclement weather, and moreover it has resulted in higher attendance at school.

“ During the year, 50 children were discharged to attend ordinary schools and 12 boys and 10 girls left for work. In the latter cases, the parents were invited to meet the school medical officer and youth employment officer, to discuss the type of work best fitted for the children.

“ Touch has been kept with the older scholars by the annual party held at the school. During the coming year we hope to keep a closer touch by the formation of an 'After Care' Committee.

“ There have been many school activities during the year, including a Nativity Play, Empire Day Celebrations, Camping Holidays, school visits to the docks and a foundry, concerts at the Philharmonic Hall, Folk Dance Festival, and exhibition of work at the horticultural show, which brought two prizes to the school.

“ Parent-Teachers' Meetings have been held each term, and have been well attended and appreciated by parents and teachers alike.”

85. Miss Robertson, the Head of the Underlea School, in her report also commends the provision of buses to transport the children, giving it as one of the main reasons for the very good attendance record at the school.

86. Mr. Roberts, the Headmaster of the Margaret Beavan School, reports that all parents accepted the dental treatment advised as a result of the dental inspections. The average gain of weight of pupils in this school averaged 12 ounces per child per month. The After Care Party for old scholars was attended by 97 former pupils.

Physically Handicapped.

87. At the end of the year 132 children were in Hospital Schools, 87 at Alder Hey and 45 at Olive Mount Hospitals.

The physically handicapped pupils in attendance at day special schools, who numbered 309 at the year's end, were being educated at the following five schools:—

Windsor Street	...	...	...	...	...	...	118
Margaret Beavan	...	...	...	...	...	...	123
Fazakerley	...	...	...	...	...	...	23
Underlea	...	...	...	...	...	...	37
Grant Road	...	...	...	...	...	...	8
							309

88. Fifty three physically handicapped pupils were resident in the Children's Rest School of Recovery at the end of the year. Mrs. Stopforth, the Head of the School, in her report comments upon the successful start made in the treatment of the group of spastic children. On September 1st a full-time Physiotherapist commenced work at the school and later in the year the services of occupational therapists for 12 hours per week were obtained. A Psychiatrist also periodically visits the school. Suitable equipment is gradually being obtained and certain structural alterations are now being carried out to provide a special treatment room.

The following table gives the numbers and their placing in schools of spastic children in Liverpool.

Pupils Suffering from Spastic Paralysis.

Number of children with spastic paralysis	...	...	...	...	155
Number of cases attending ordinary school	...	...	...	...	56
Number of cases in the Greenbank School	...	...	...	...	12
Number of cases in special schools other than Greenbank...	...	...	...	...	46
Number of cases not attending school	...	...	...	...	40
(N.B.—This figure includes some pre-school children).					
Number of cases in other spastic schools outside Liverpool	...	...	...	...	1
Number of spastic cases notified during the year to the Local Mental Deficiency Act Authority as ineducable under Section 57 (3) of the Education Act	...	...	...	...	3
Number recommended for admission to day special schools for the educationally sub-normal	...	...	...	...	1

The accompanying return shews the results of the examinations made

by the approved medical officers of children referred with various physical handicaps:—

Delicate and Physically Handicapped Pupils.

Recommended for day open-air school	...	...	...	...	200
Recommended for residential open-air school	...	...	...	...	70
Recommended for day special school for physically handicapped pupils	...	...	...	...	73
Recommended for boarding special school for physically handicapped pupils	...	...	...	...	14
Unfit for any school	...	...	...	...	6
Recommended for home teaching	...	...	...	...	10
Decision postponed	...	...	...	...	8
Referred to hospital	...	...	...	...	1
Remain at ordinary school	...	...	...	...	69

Epileptic Pupils.

Recommended for boarding special school for epileptics	...	...	6
--	-----	-----	---

EDUCATIONALLY SUB-NORMAL PUPILS.

89. The Authority has four boarding schools for educationally sub-normal pupils, two for boys, and two for girls, with accommodation as follows:—

Crookhey Hall, near Lancaster, for Senior Boys	...	...	...	70
Hightown School, Hightown, for Boys	...	...	...	60
Dovecot, Knotty Ash, for Girls	...	...	...	40
Oakfield, Gateacre, for Girls	...	...	...	30

90. In January the transfer of the educationally sub-normal girls from the special section of the Colomendy Camp School to the Oakfield School took place. Miss Scarborough, the Head of the school, in her comprehensive report describes the school as follows:—

“The house is in a pleasant neighbourhood: it stands high, overlooking the Childwall Valley. The gardens are extensive and beautifully laid out. There are also two paddocks, a large paved playground and a tennis lawn where the children can play without interference. Altogether six and a half acres of land surround the house. The school is a separate prefabricated building a few yards from the house. It comprises two large classrooms and a cloak-room for the children.”

Miss Scarborough draws attention to the fact that in a well conducted

boarding school out-of-school activities are an important part of the work, in this connection she states:—

“From the first we have taken the children out, sometimes together, sometimes in small groups, as much as possible.

“Every Sunday they attended their churches in the morning and Sunday schools in the afternoon. As often as possible the bigger girls went to the evening services. The three Priests at the Roman Catholic Church and the Vicar of St. Peter's C. of E. Church in Woolton have all shewn great interest in the girls and have invited them to parties, concerts and church outings. Seven Church of England girls were confirmed and three Roman Catholics made their first Holy Communion.

“The children had a weekly visit to the cinema which was always very popular. We chose a cinema which shews a special children's programme every Saturday morning. There have been other outings to the theatre, the pantomime, the circus, etc. During youth week they all enjoyed the display called “Spotlight on Sport” at the Liverpool Stadium. All the girls over eleven are voluntary members of the Woolton Public Library. During the summer term and holiday all the children attended the Woolton Swimming Baths and many of them have learnt to swim.

“Just before Christmas a Guide Company was formed. Their Captain is Dr. Christine Wade, wife of the Vicar of Childwall.

“Once a month the children were given a social by a group of the Calder High School Old Girls' Association. This group has taken a keen interest from the first in the school and the children.

“Each holiday a group of about thirteen girls has been left at school, and the other children are only away for one week at Easter, two weeks at Christmas and two weeks in the summer. As far as funds allowed we tried to make these holidays interesting and enjoyable for the children. There were outings to New Brighton, Southport, Hoylake, the Overhead Railway, Chester Zoo and all the Liverpool parks in turn.

“During the summer holiday the school was visited by Mr. Tomlinson, Minister of Education. The weather was glorious and he saw the house and gardens looking at their best.”

91. The Authority also maintained 18 educationally sub-normal pupils at other boarding schools, 12 at Pontville Roman Catholic Special School, 5 at Allerton Priory Roman Catholic Special School, and 1 at Bedford Court, Worcestershire.

92. There are four day special schools and three special classes for educationally sub-normal pupils with accommodation for 590 pupils. The schools are Queensland Street, Northumberland Street, Richmond and Kilrea Road, whilst the classes are at the Banks Road, Grant Road and Fazakerley Open-Air schools

93. The results of examinations made by the Approved Officers of children referred for ascertainment as being educationally sub-normal pupils are as follows:—

Educationally Sub-Normal Pupils.

Recommended for day special school	...	...	...	...	266
Recommended for boarding special school	...	...	...	...	80
Recommended for special educational treatment in ordinary school	...	...	...	...	70
Examined and found to be mentally normal...	...	...	...	...	9
Decision deferred	...	...	...	...	15
Referred to Child Guidance Clinic	...	...	...	...	16
Fit to remain at ordinary school	...	...	...	...	7
Educationally sub-normal—to remain in ordinary school without special educational treatment	...	...	...	...	12
Recommended for notification to the Local Mental Deficiency Acts Authority—					
(a) for supervision 57(5)	...	...	...	...	79
(b) as ineducable 57(3)	...	...	...	...	91
(c) as inexpedient 57(4)	...	...	...	...	1

Maladjusted Pupils.

94. In October, 1948, Aymestry Court School was opened for the admission of maladjusted boys. This school is situated in Acrefield Road, Woolton, and provides accommodation for 30 pupils.

The school building was formerly a large residence to which extensive internal alterations have been made. Classrooms are of the prefabricated type and situated close to the main building. The school is surrounded by well laid out gardens and lawns. There is a large paved playground.

A Psychiatrist visits the school each week to treat the children and to advise the resident staff upon their care. Very often the parents are also seen by the Psychiatrist at the school as well as at office sessions. As

in the handling of cases at a child guidance centre it is found necessary to treat the parent as well as the child.

95. Mr. Carman, the Headmaster, in regard to discipline writes:—

“These (disciplinary problems) on the whole have been remarkably little in evidence with one notable exception referred to later in this report. A general characteristic of all the boys is their lack of team spirit and inability to give and take:— they are individualistic and argumentative among themselves and shew little of what is generally known as the ‘sporting spirit’. The selection of reliable leaders has presented a particularly difficult problem and much guidance, encouragement and patience, especially patience, on the part of the staff has been necessary to develop the qualities of leadership and loyalty. In this respect the size of the dormitories, 7 or 8 beds in each, has been helpful as they allow of a convenient grouping, and the atmosphere and behaviour in the dormitories has been noticeably good from the beginning. It is a source of considerable satisfaction to be able to report that our efforts to encourage qualities of leadership are bearing fruit and proving helpful in dealing with the wider problems of sportsmanship and consideration for others. Frequent short periods for organised competitive games, both indoor and outdoor, including opportunities for typical ‘street games’ on the playground during the evenings to allow for ‘letting off steam’, with careful supervision and guidance throughout are also helping to achieve our aim in this direction. Football matches have been played with neighbouring schools and have made a useful contribution to the cultivation of an ‘esprit-de-corps!’. No doubt the full occupation of the boys’ time is an aid to the above.” His report goes on to say:—

“The cultivation of interests is the keynote of our work both in and out of school so that, generally speaking, the clock alone is the only true indicator of the beginning and end of the formal school day. Our hobbies infringe on our school work and our school work is frequently carried into the playroom, garden and dormitories. Practically all the boys are keen stamp collectors and, with the exception of two who at present are unable to read, they all belong to the Public Library. A model Post Office has been erected in a corner of a classroom and one of the boys has been elected Postmaster taking charge of pocket money as Post

Office accounts and seeing to the sale of stamps. Poultry keeping and bee keeping provide activities for school work and for leisure, an aquarium and a bird table have been started in connection with nature study and to provide an added interest to projected rambles. Although at the moment we do not possess a piano some of the boys are making excellent progress with recorders, and we have had a visit from the Highfield School Orchestra which gave us a most enjoyable evening."

Speech Therapy.

96. During the year, 183 children were recommended for speech therapy. The Committee have not as yet been able to secure the services of a second speech therapist. Owing to the large number (325) awaiting treatment, only the older children and the most urgent cases amongst the younger children were dealt with.

Because of the long delay in securing admission to the speech class the speech disorders of the children became well established and consequently much more difficult to cure.

97. Miss Gledsdale in her report states:—"Attendance has been good during term time, but has been poor during the holiday periods—it is interesting that the children who have a speech defect or cleft palate speech—as opposed to a stammer, have attended most regularly during the holidays."

The 92 cases dealt with during the year were classified as follows:—

								Boys.	Girls.	Total.
Stammering	...	...	...	...	...	...	...	43	9	52
Stammering and Speech defect...	...	...	...	...	...	...	...	6	—	6
Speech defect	...	...	...	...	...	...	...	18	8	26
Cleft palate	...	...	...	...	...	...	...	4	4	8
TOTALS ...								71	21	92

It was found possible to discharge 11 cases which had very much improved and a further 10 either because of failure to benefit through lack of parental co-operation, or limitation of intelligence on the part

of the children concerned, whilst a further 5 left the class on attaining the school leaving age.

Medical and Dental Arrangements.

98. The routine medical examinations and the general medical care of the special school children in the special schools outside Liverpool is carried out by local medical practitioners, whilst specialist and dental treatment is provided either under the Local Authorities' arrangements or, in a few instances, by special arrangements made in the areas.

All the medical and dental facilities of the School Health Service are available for the special school children.

Medical treatment under the Authority's schemes was carried out as follows:—

Defective Vision	...	...	...	...	...	...	...	133
Tonsils and Adenoids	...	...	...	...	...	...	...	19
Aural conditions	...	...	...	...	...	...	...	26

whilst children suffering from minor ailments were treated at the schools.

The following table shews the work carried out by the dental staff of the School Health Service at the Special and Approved Schools:—

TABLE 8.

	Special Schools.	Approved Schools.
Number of inspection sessions	16	4
Number of treatment sessions	30	14
Total number of sessions	46	18
Number of children inspected	880	222
Number of children requiring treatment	498 (56·6%)	79 (35·5%)
Number of children treated	306	79
Number of attendances made for treatment	310	79
Number of teeth extracted	503	24
Number of teeth filled	41	47
Number of other operations	61	57
Number of administrations of general anaesthetics	248	18

EMPLOYMENT OF HANDICAPPED PUPILS.

99. The following is extracted from the Report of the Youth Employment Service for the year 1948:—

“In reviewing the work of the Section of the Bureau dealing with handicapped and disabled young people, it is essential to bear in mind that almost every boy and girl who applies for assistance presents a complex human problem that cannot be completely resolved without great patience, a clear understanding of the limitations imposed by the disability, an acquaintance with the psychological effects of the particular infirmity upon the disposition of the child, information dealing with the home background, as well as a wide knowledge of the conditions in employment and the principles of vocational guidance. Only when all these factors are carefully taken into account can the boy or girl, handicapped by any serious disability, be successfully placed in work that will provide progressive employment for the future.

100. The raising of the school leaving age tended to ease the position slightly insofar as it reduced the number of young people competing for employment but, as all physically fit boys aged 16-18 years of age could not be absorbed into employment the difficulty of securing suitable openings for handicapped boys of that age was naturally considerable. In many cases a visit to the employer was found essential to confirm that the conditions of work were within the capacity of the young person or to enlist the employer's interest and co-operation on behalf of a particular boy or girl.

101. Some impression of the extent of the problem may be gathered from the fact that during the twelve months no fewer than 478 handicapped young people (296 boys and 182 girls) applied to the Bureau for assistance in obtaining employment. An indication of the complexity of the problems presented by these boys and girls will be apparent when it is stated that they suffered from twenty-nine different types of disability, the largest groups being classified under the following main headings:—

Mental Subnormality	...	...	...	...	...	157
Heart Weaknesses...	...	...	...	...	...	69
T.B. (Respiratory and Surgical)	...	...	...	...	...	49
Bronchitis and Asthma	...	...	...	...	...	32
Debility	...	...	...	...	...	25
Blindness or Partial Sight	...	...	...	...	...	22
Epilepsy	...	...	...	...	...	19

Of the 478 young people who made contact with the Bureau during the period, 315 (207 boys and 108 girls) had been in attendance at one of the Special Schools, while the remaining 163 (89 boys and 74 girls) received their education in ordinary schools.

102. In the majority of cases it has been found possible to secure employment within the capacity of the young person and it is interesting to note that 296 boys were placed in 64 different types of work, while 190 girls entered 48 kinds of occupations. In some instances, however, the disability is so severe that the boy cannot enter upon employment without training. Such training may be quite properly regarded as an extension of Special Schools education and it is gratifying to be able to record that increasing facilities of this nature are now available. Five Liverpool boys are now at the Stanmore Cripples Training College and reports on the progress and conduct of the boys who have been undergoing training at that College for periods varying from five to twenty months, are most encouraging. The boys called at the Bureau during the Summer vacation and the improvement in their physical condition was most marked. The eldest, suffering from infantile paralysis, who has been in training since November, 1946, is now competent to repair chiming clocks, has been made College Librarian, and during the summer months regularly goes swimming. Another boy, sorely handicapped by spastic paralysis, is reported to be making good progress in carpentry and to have been most helpful to the College staff by his qualities of leadership, for which he has been awarded the Corrie Gift of £25.

103. After boys and girls have been placed in employment they are encouraged to maintain contact with the Bureau to report progress at work and to return for any further advice they may need on employment problems, leisure time activities, etc. For that purpose, this section of the Bureau remains open on one evening every week. Where there is no response to invitations to call at the Bureau and also in any case where the parents' co-operation is particularly necessary, a visit is made to the home. 351 home visits have been made during the twelve months, and in many instances they have been the means of bringing to light valuable information which would not otherwise have been brought to bear on the case.

104. On the 31st July, a total of 358 young people in Liverpool were

registered under the Disabled Persons Act; of these 190 were boys and the remaining 168 were girls. During the period, 199 had been added to the Register and about an equal number transferred to the Employment Exchange on reaching the age of 18 years.

105. The following is an analysis of the disabilities of the Registered Disabled showing the number who attended Special Schools:—

Analysis of Boys and Girls Registered as Disabled Persons on 31st July, 1948.

	Industrial and other accident or disease.		From birth or early childhood.		Number who attended Special Schools.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Amputation of arm or leg ...	4	—	—	—	—	—
Arthritis and Rheumatism ...	—	1	2	1	2	1
Congenital Malformations ...	—	—	8	11	4	4
Diseases of the Digestive System ...	1	—	—	—	—	—
Diseases of the Heart, etc. ...	21	31	4	21	12	25
*Diseases of the Lungs ...	5	6	8	3	5	3
Ear Defects—Total Deafness ...	—	—	5	6	5	6
Ear Defects—other than Total Deafness ...	1	1	5	2	5	2
Eye Defects—Total Blindness...	2	1	1	5	3	6
Eye Defects—other than Total Blindness ...	13	3	12	10	9	6
Injuries of Head, Face, Abdo- men, etc. ...	2	—	—	1	1	1
*Injuries of Lower Limbs ...	12	4	7	5	7	2
*Injuries of Upper Limbs ...	7	5	4	6	—	4
*Injuries of Spine ...	1	—	1	5	1	5
Organic Nervous Diseases, e.g., Epilepsy ...	2	8	10	2	4	4
Nervous and Mental Disorders	—	—	16	3	8	2
T.B.—Pulmonary ...	7	4	—	2	—	—
T.B.—Surgical ...	4	8	9	8	12	10
Diseases and Disabilities not specified above ...	6	3	10	2	5	1
TOTAL ...	88	75	102	93	83	82

* Excluding T.B.

Appendix

MINISTRY OF EDUCATION.

MEDICAL INSPECTION AND TREATMENT RETURNS, YEAR ENDED 31st DECEMBER, 1948.

TABLE I.

MEDICAL INSPECTIONS OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

A.—PERIODIC MEDICAL INSPECTIONS.

NUMBER OF INSPECTIONS IN THE PRESCRIBED GROUPS :—

Entrants	...	...	...	...	...	...	...	...	11,439
Second Age Group	...	...	...	...	...	...	...	...	9,869
Third Age Group	...	...	...	...	...	...	...	...	10,448
TOTAL									31,756

NUMBER OF PERIODIC INSPECTIONS	...	...	...	...	...	...	...	...	12,488
GRAND TOTAL									44,244

B.—OTHER INSPECTIONS.

NUMBER OF OTHER SPECIAL INSPECTIONS	...	...	...	...	...	...	...	...	61,525
NUMBER OF RE-INSPECTIONS	...	...	...	...	...	...	...	...	92,775
TOTAL									154,300

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group. (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table IIA. (3)	Total individual Pupils. (4)
ENTRANTS ...	90	1,631	1,681
SECOND AGE GROUP ...	1,050	1,250	2,244
THIRD AGE GROUP ...	1,550	918	2,389
TOTAL (PRESCRIBED GROUPS) ...	2,690	3,799	6,314
OTHER PERIODIC INSPECTIONS ...	1,348	1,550	2,767
GRAND TOTAL ...	4,038	5,349	9,081

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1948.

Defect Code No.	DEFECT OR DISEASE.	PERIODIC INSPECTIONS.		SPECIAL INSPECTIONS.	
		Number of Defects.		Number of Defects.	
		Requiring Treat- ment.	Requiring to be kept under observa- tion, but not requiring Treat- ment.	Requiring Treat- ment.	Requiring to be kept under observa- tion, but not requiring Treat- ment.
	(1)	(2)	(3)	(4)	(5)
4	Skin	211	447	3,640	73
5	Eyes—(a) Vision	4,048	955	1,143	110
	(b) Squint	1,774	421	497	24
	(c) Other	182	215	4,913	77
6	Ears—(a) Hearing	166	194	52	59
	(b) Otitis Media	314	417	1,319	46
	(c) Other	131	391	2,865	68
7	Nose or Throat	1,427	3,754	229	332
8	Speech	114	391	32	110
9	Cervical Glands	95	1,140	9	77
10	Heart and Circulation	4	1,148	7	107
11	Lungs	224	1,478	43	119
12	Developmental—(a) Hernia	41	262	2	13
	(b) Other	77	826	17	44
13	Orthopaedic—(a) Posture	112	458	18	31
	(b) Flat Foot	371	979	38	37
	(c) Other	289	628	54	67
14	Nervous System—(a) Epilepsy	8	86	7	16
	(b) Other	17	284	14	75
15	Psychological—				
	(a) Development	147	541	146	178
	(b) Stability	24	126	24	37
16	Other	492	2,201	29,507	535

B.—Classification of the General Condition of Pupils Inspected during the Year in the Age Groups.

Age Groups. (1)	Number of Pupils In- spected. (2)	A. (Good).		B. (Fair).		C. (Poor).	
		No. (3)	% of col. 2 (4)	No. (5)	% of col. 2 (6)	No. (7)	% of col. 2 (8)
Entrants	11,439	4,967	43·42	6,026	52·68	446	3·90
Second Age Group...	9,869	3,596	36·44	5,716	57·92	557	5·64
Third Age Group ...	10,448	3,542	33·90	6,299	60·29	607	5·81
Other Periodic Inspections	12,488	4,578	36·66	7,479	59·89	431	3·45
TOTAL ...	44,244	16,683	37·71	25,520	57·68	2,041	4·61

TABLE III.

TREATMENT TABLES.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Table V).
(Year ended 31st December, 1948).

(a)	Number of Defects treated, or under treatment during the year.
SKIN—	
Ringworm—Scalp—	
(i) X-Ray treatment. If none, indicate by dash	74
(ii) Other treatment	43
Ringworm—Body	171
Scabies	717
Impetigo	1,701
Other skin diseases	917
EYE DISEASE—	
(External and other, but excluding errors of refraction, squint and cases admitted to hospital)	4,817
EAR DEFECTS—	
(Treatment for serious diseases of the ear (e.g., operative treatment in hospital) should not be recorded here but in the body of the School Medical Officer's Annual Report)... ..	4,102
MISCELLANEOUS—	
(e.g., minor injuries, bruises, sores, chilblains, etc.)	29,293
TOTAL	41,835
(b) Total number of attendances at Authority's minor ailments clinics	325,887

Group II.—Defective Vision and Squint (excluding Eye Disease treated as Minor Ailments—Group I).

	No. of Defects dealt with.
ERRORS OF REFRACTION (including squint) (Operations for squint should be recorded separately in the body of the School Medical Officer's Report)	8,157
Other defect or disease of the eyes (excluding those recorded in Group I) ...	4
TOTAL	8,161
Number of Pupils for whom spectacles were (a) Prescribed	6,057
(b) Obtained	3,874

Group III.—Treatment of Defects of Nose and Throat.

	Total Number Treated.
Received Operative Treatment—	
(a) For Adenoids and Chronic Tonsillitis	1,616
(b) For other Nose and Throat conditions... ..	—
Received other forms of treatment	—
TOTAL	1,616

Group IV.—Orthopaedic and Postural Defects.

(a) Number treated as In-patients in hospitals or hospital schools	132
(b) Number treated otherwise, e.g., in clinics or Out-patient departments ...	1,930

Group V.—Child Guidance Treatment and Speech Therapy.

Number of pupils treated (a) under Child Guidance arrangements	197
(b) under Speech Therapy arrangements	92

TABLE V.**Infestation with Vermin.**

(1) Total number of examinations in the schools by the school nurses or other authorized persons	...	...	...	...	...	...	...	466,975
(2) Total number of individual pupils found to be infested	...	...						30,759
(3) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944) and (Liverpool Corporation Act, 1921)	...	...	...		...	...	...	1,086
(4) Number of individual pupils in respect of whom cleansing orders were issued	...	...	...	...	...	...	...	384

TABLE VI.**School Medical and Dental Staff.**

NAMES OF MEDICAL OFFICERS.	Proportion of whole-time (expressed as a percentage) devoted to	
	School Health Service	Public Health
School Medical Officer— Dr. W. M. Frazer (also Medical Officer of Health) ...	Not assessable	Whole- time
Chief Assistant School Medical Officer— Dr. R. Gamlin	100%	Nil.
Senior Assistant School Medical Officer— Dr. G. S. Robertson	„	„
Assistant School Medical Officers— Dr. Muriel C. Andrews	„	„
Dr. A. M. Brown	„	„
Dr. Catherine S. Ellams	„	„
Dr. M. Godwin	„	„
Dr. S. Howard	„	„
Dr. W. M. Hunter	„	„
Dr. B. S. Jarvis	„	„
Dr. A. R. Kennedy	„	„
Dr. Mary F. Lacey	„	„
Dr. Dorothy W. M. Last	„	„
Dr. Grace E. McConkey	„	„
Dr. Lillie L. Munro	„	„
Dr. Flora S. Quin	„	„
Dr. Irene W. Simpson	„	„
Dr. G. R. Thorpe	„	„
Dr. Margherita N. Walden	„	„
Dr. Elizabeth P. Duncan	3 sessions per week	„

TABLE VI—Continued.

NAMES OF DENTAL OFFICERS.	Proportion of whole-time (expressed as a percentage) devoted to	
	School Health Service	Public Health
Senior Dental Officer— Mr. T. H. Parsons	100%	Approximately 5 sessions per week are given to the treat- ment of ante- and post-natal cases for the Public Health Department (M. & C.W.).
Assistant Dental Officers— Miss P. D. Bedlow	„	
Mr. A. Brewer	„	
Mr. L. Bromley	„	
Mr. J. E. Brown	„	
Miss K. F. Butler	„	
Mr. A. P. Finlay	„	
Mr. F. C. Littleton	„	
Mr. J. W. Martin	„	
Mr. G. E. Nevins	„	
Miss C. C. Sloan	„	
Mr. J. A. Wood	„	
Mr. W. F. Wren	„	
Mr. J. A. Bell } Temporary part-time.... ...	(per week) 4 sessions	
Mr. J. P. Blacoe }	3 „	

Nurses.	Number of Officers.	Aggregate of time given to School Health Service work in terms of whole-time Officers.
School Nurses	62	62
District Nurses	Nil.	Nil.
*Nursing Assistants	3	3
Dental Attendants	9	9

* This term refers to the untrained assistants described in paragraph 3 of Circular 1604.

